

Diversified Services Property Management
RENTAL APPLICATION-Capitol Storage

DATE: _____ UNIT APPLYING FOR: _____

APPLICANT LEGAL NAME: _____
Last Middle First

ADDRESS: _____
Street City & State Zip Code

CURRENT PHONE: _____

SOURCE OF INCOME

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
Street City & State Zip

SALARY: _____ POSITION: _____

BANKS

NAME AND ADDRESS OF BANK: _____

AUTOS

1) MAKE: _____ YEAR: _____ LICENSE PLATE: _____ PYMT: _____

2) MAKE: _____ YEAR: _____ LICENSE PLATE: _____ PYMT: _____

CREDIT REFERENCES

ACCOUNT NAME: _____

ACCOUNT NAME: _____

IN CASE OF EMERGENCY, PLEASE CONTACT

NAME AND ADDRESS: _____

PHONE: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

Have you be charged with or convicted of or plead guilty of a felony? _____

If yes: what State and explain: _____

Are you a registered sex offender? _____ What State: _____

By signing this application, applicant acknowledges receiving DSI Application Screening Process.
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

**DIVERSIFIED SERVICES
PROPERTY MANAGEMENT**

Authorization for Release of Information

POLICY STATEMENT

All prospective tenants applying for occupancy of a property owned or managed by Diversified Services are asked to give authorization for the release of all information from previous landlord, management companies and governmental agencies (including police departments) concerning the applicant's rental history (credit and criminal records included).

PROCEDURE STATEMENT

All applicants will be screened and their rental histories will be considered as a part of the approval process.

This information will be used by the authorized agent solely for purposes of assessing the applicant's suitability for occupancy. I, _____, hereby authorize DIVERSIFIED SERVICES to obtain any and all information pertaining to my rental history from governmental agencies and from management companies or landlords whose Properties I have resided in during the last five (5) years for the purpose of reviewing my rental application.

If prospective tenant refuses to sign this form, he or she will not be considered for tenancy.

THIS IS A LEGAL BINDING DOCUMENT AND YOU ARE ENCOURAGED TO SEEK LEGAL COUNSEL IF YOU DO NOT UNDERSTAND ANY OF ITS TERMS.

Applicant Signature: _____

Date of Birth: _____

Social Security: _____

PLEASE PRINT NAME LEGIBLY _____

Last

Middle

First