## **Sound Realty LLC**

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PERSONAL INFORMATION						
LAST NAME/MAIDEN NAME	FIRST NAME	M.I.				
DATE OF BIRTH:SO	OCIAL SECURITY NO:					
DRIVER'S LICENSE NO	STATEDATE YOU BECAM	E AK RESIDENT	_			
NO. IN HOUSEHOLD	DATE DESIRED TO MOVE IN:		_			
DO YOU HAVE PETS? IF SO	HOW MANY? WHAT KIN	ID/BREED?	_			
EMAIL ADDRESS:			_			
MAILING ADDRESS:						
PHONE NO:	CELL PHONE:		_			
	RESIDENCE HIS	TORY				
CURRENT ADDRESS:		UNIT NO:	_			
CITY	STATE	ZIP	_			
BUILDING OR MGMT COMPANY NA	AME:		_			
MANAGER'S NAME:	PHC	ONE NO:	_			
WERE UTILITIES INCLUDED?	HEATELECTRIC_	SEWER&WATER	_			
MONTHLY PAYMENT (RENT, MOR	TGAGE, ETC.) \$		-			
DATES: FROM	то					
WHY ARE YOU MOVING?			-			
PREVIOUS ADDRESS		UNIT NO:				
CITY	STATE	ZIP	_			
BUILDING OR MGMT COMPANY NA	AME:		-			
MANAGER'S NAME:	PHON	E NO:	_			
WERE UTILITIES INCLUDED? MONTHLY PAYMENT (RENT, MOR	HEATELECTRIC TGAGE, ETC.) \$	_ SEWER & WATER	- 			
DATES: FROM	TO					

WHY DID YOU MOVE?	

	FINA	NCIAL INFORMATION	
CURRENT EMPLOYER:		YOUR TITLI	E:
ADDRESS:	CITY:	STATE	ZIP
SUPERVISOR'S NAME:		PHONE NO:	
MONTHLY GROSS INCOME: \$		DATES EMPLOYED:	TO
PREVIOUS EMPLOYER:		YOUR TITLE:	
ADDRESS:	CITY:	STATE	ZIP
SUPERVISOR'S NAME:		PHONE NO:	
MONTHLY GROSS INCOME: \$		DATES EMPLOYED:	TO
	ADDITION	AL SOURCES OF INC	OME
PERMANENT FUND DIVIDENDS:			\$
NATIVE DIVIDENDS:			
ATAP/APA:			_ \$
SSI/SSA:			_\$
LONGEVITY BONUS			_\$
OTHER:			_ \$
DO YOU RECEIVE RENTAL ASSIS	STANCE (Y/N)	AGENCY: _	
DO YOU RECEIVE CHILD SUPPO	RT (Y/N)	PAYEE	
NAME OF YOUR BANK:		HOW LONG: _	
	GEN	ERAL INFORMATION	
YEAR, MAKE & MODEL OF CAR:LICENSE PLATE NOST			
ARE THERE ANY OUTSTANDING	JUDGMENTS	AGAINST YOU?	
IN THE LAST 7 YEARS, HAVE YOU	J FILED OR D	ECLARED BANKRUPTCY?	
HAVE YOU EVER BEEN EVICTED	?	WHY?	
ARE YOU A CO-SIGNER OR ENOI	OORSER ON A	A LOAN OR NOTE PAYMEN	T?

REFERENCES							
NAME, ADDRES	SS, CITY STATE, ZIP	PHONE					
FATHER/MOTHER							
PERSONAL (1)							
PERSONAL (2)Relationship (not related)							
IN CASE OF EMERGENCY, WHO CAN WE CON	TACT?						
ADDRESS:	PHONE NO: _						
Hous	EHOLD INFORMATION						
LIST NAMES OF ALL OTHER HOUSEHOLD OC	CUPANTS RELATIONSHIP	DOB AGE					
The applicant has supplied the forgoing information in whi of \$30.00 for each adult 18 and older if this application is a We do not discriminate in rental practices on the basis of r	ccepted or denied. race, religion, sex, age, sexual orient	ation, national origin or disak	pility status.				
I authorize release of information regarding my credit, refe year from the date here by signed. I understand that is my application may be cancelled if I fail to do so.	rences, and criminal history to a rep responsibility to keep Sound Realty	resentative of Sound Realty f informed or my current addr	or a period of one ess and that my				
Signature of Applicant	Date	_					
As part of the application process, applicant's Social Secu attached to the application.	rity Number and Date of Birth must	be verified: Picture I.D. is req	uired and must be				
For office use only:  Property to be rented:  deposit	rental rate	security					
Accepted Denied by Date							
Comments							