

# Continental Development

Anchorage Alaska Apartment Rentals

FW, Disc., CS Phone | (907)344-3300 Fax | (907) 344-3094

Town Square Phone | (907)258-5855 Fax | (907)258-0011

This application is for an apartment that is available on a first come – first served basis. There may be other applications in process for the same apartment. The first applicant to successfully complete the approval process will be awarded the apartment provided a lease is signed and the deposit paid immediately.

## RENTAL APPLICATION

### PRIMARY APPLICANT

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Marital Status

Applicant is (Check One): Single\_\_\_\_ Married\_\_\_\_ Other\_\_\_\_

#### Employment Status

Full-time\_\_\_\_ Part Time\_\_\_\_ Student\_\_\_\_ Retired\_\_\_\_ Un-employed\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Average Monthly Income (Gross): \_\_\_\_\_ Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor Contact: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

#### Residential History

Please give your residential history for the past **3 Years**, beginning with current:

1. Address: \_\_\_\_\_ Manager/ Landlord: \_\_\_\_\_  
Phone No.: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Address: \_\_\_\_\_ Manager/ Landlord: \_\_\_\_\_  
Phone No.: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Address: \_\_\_\_\_ Manager: \_\_\_\_\_  
Phone No.: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECONDARY APPLICANT

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Marital Status

Applicant is (check one): Single\_\_\_\_ Married\_\_\_\_ Other\_\_\_\_

#### Employment Status

Full-time\_\_\_\_ Part Time\_\_\_\_ Student\_\_\_\_ Retired\_\_\_\_ Un-employed\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Average Monthly Income (Gross): \_\_\_\_\_ Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor Contact: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Residential History**

Please give your residential history for the past **3 Years**, beginning with current:

- 4. Address: \_\_\_\_\_ Manager/ Landlord: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5. Address: \_\_\_\_\_ Manager/ Landlord: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- 6. Address: \_\_\_\_\_ Manager: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**CUMMULATIVE INFORMATION**

Number of persons to occupy apartment: Adults \_\_\_\_\_ + Children \_\_\_\_\_ = Total Number of Occupants \_\_\_\_\_

Please name additional occupants(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Automobile Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Automobile Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Number: \_\_\_\_\_

In case of emergency, who should we contact? Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are they allowed in your apartment in case of emergency? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Why are you leaving your present address?

Give two personal references and phone numbers:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant represents that statements made above are true and correct and hereby authorizes verification of references given. The undersigned makes an application to rent housing accommodations designated as \_\_\_\_\_ for the rent amount of \$ \_\_\_\_\_ per month for a period of no less than \_\_\_\_\_ **months** and agrees to sign a lease agreement effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## AUTHORIZATION TO OBTAIN INFORMATION

As a part of my application to rent, I do hereby grant permission for the Lessor to obtain any (and all) information that they should deem necessary to process my application. This shall include, but may not be limited to, my past and present Residential History, Employment History (verification) and any State or Federal Assistance Benefits I may be receiving.

I also grant the Lessor permission to use a photographic copy of this form containing my signature to obtain any and all information regarding the items mentioned above.

This authorization will remain in effect for 180 days after the date shown below.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTINENTAL DEVELOPMENT INC.** is proud to  
announce that we do business in accordance with the Federal  
Fair Housing Law (The Fair Housing Amendments Act of 1988).

