



## Employer Information:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ ext. \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Other Income Sources: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ ext. \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Employer Fax : \_\_\_\_\_

## PLEASE READ THIS CAREFULLY AND SIGN THE APPLICATION

I hereby authorize Bear Property Management, Inc., to verify employment and tenant history and run a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. The application fee of \$30.00 is non-refundable.

I understand that the initial rent submitted with this application will be applied towards the first month's rent when the application is approved by the owner/management company. This payment will be refunded only if the application is rejected by the Lessor or if the apartment is unavailable. This payment is non-refundable upon the owner's acceptance of the application. The initial rent will be retained as liquidated damages if: the application is cancelled after approval, the applicant fails to sign a lease and take possession of the apartment, or if the information given on this application was false.

Bear Property Management, Inc. does its best to match up properties and tenants, but the ultimate determination as to the suitability of any tenant remains with the landlord. I understand that Bear Property Management is not the landlord. Bear Property Management, Inc. does not discriminate because of one's membership in a protected class, e.g. race, color, religion, national origin, sex, ancestry, age, marital status, physical or mental handicap, familial status, or any other class protected by Article 3 of the Human Rights Act.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

