

Property Address _____

Property Name: _____

NORTHERN TRUST REAL ESTATE RENTAL APPLICATION

205 E. BENSON BLVD. • ANCHORAGE, AK 99503 • Phone (907)751-2750 • Fax (907)751-2560

LAST NAME		FIRST NAME		MIDDLE INITIAL	BIRTH DATE	AKDL #	SSN
HOME PHONE #	WORK PHONE #	CELL PHONE #	FAX #		E-MAIL ADDRESS		
CO-APPLICANTS NAME & RELATIONSHIP					BIRTH DATE	AKDL #	SSN
HOME PHONE #	WORK PHONE #	CELL PHONE #	FAX #		E-MAIL ADDRESS		
OCCUPANTS?							
ANY PETS? _____ HOW MANY? _____ WHAT KIND? _____ WEIGHT? _____							
PART ONE				RESIDENCE HISTORY			
PRESENT ADDRESS	CITY	STATE	ZIP	HOW LONG	() OWN () RENT		
NAME AND ADDRESS OF LANDLORD OR MORTGAGE CO					PHONE #	MONTHLY \$	
PART TWO				EMPLOYMENT HISTORY			
CURRENT EMPLOYER			POSITION	SUPERVISOR'S NAME		HOW LONG	
ADDRESS	CITY	STATE	ZIP	PHONE #	SALARY		
CO-APPLICANTS CURRENT EMPLOYER			POSITION	SUPERVISOR'S NAME		HOW LONG	
ADDRESS	CITY	STATE	ZIP	PHONE #	SALARY		
ADDITIONAL INCOME (optional): Additional income such as child support, alimony or separate maintenance need <u>NOT</u> be disclosed unless this additional income is to be included for qualification. Source: _____ Contact name and phone #: _____ Amount \$: _____							
PART TWO-A				MILITARY INFORMATION			
UNIT NAME			UNIT ADDRESS				
UNIT COMMANDER			COMMANDER'S PHONE #	UNIT 1 ST SGT.	1 ST SGT. PHONE #		
ETS			DROS		BPED		
PART THREE				CREDIT INFORMATION			
# OF VEHICLES OWNED	DO YOU OWN ANY RECREATIONAL VEHICLES (VANS, BOATS, MOTORHOMES), PLEASE SPECIFY?						
VEHICLE 1 MAKE AND MODEL			COLOR	LICENSE PLATE #	STATE REGISTERED		
VEHICLE 2 MAKE AND MODEL			COLOR	LICENSE PLATE #	STATE REGISTERED		
PART FOUR							
EMERGENCY CONTACT							
NAME	RELATIONSHIP		DAY PHONE #	NIGHT PHONE #	CELL #		

Applicant hereby represents that all the above statements are true, correct, and complete. Applicant authorizes verification of the Information Provided above, including, but not limited to, obtaining a consumer credit report, criminal background check, employment verification and previous landlord reference. Applicant agrees to furnish additional information upon request.
There is a charge of \$35.00 per adult for tenant screening processing.

Applicant's Signature _____
Co-Applicant's Signature _____

Date _____
Date _____

\$35.00 tenant screening fee (per applicant) collected?



Leasing Agent: _____