



Urban Pharm, LLC

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E-mail: contact@urbanpharm.com

Application for Occupancy with Urban Pharm

Address Applying for: _____

How did you hear about Urban Pharm? (Circle)

Craigslist Radio GR Press Flyer Referral, Who? _____ Other: _____

Background-

First Name: _____ Last Name: _____ M.I. _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Drivers License/State ID#: _____ State: _____

Primary Phone #: _____ Work/Secondary Phone #: _____

Email Address: _____

Have you ever filed for bankruptcy? (Circle) YES NO Had a foreclosure or eviction? (Circle) YES NO

Explanation: _____

Car Year: _____ Car Make: _____ Car Model: _____ Car Color: _____

License Plate #: _____

Assets (Savings, Checking, Investments): \$ _____ Description: _____

Do you have any pets? YES NO Type/Breed/Age: _____

Do you smoke? YES NO (note: we do not discriminate against smokers, but you must be willing to smoke outside)

Have you ever been convicted of a misdemeanor or felony crime? YES NO

Explanation of crime(s): _____

Housing-

Current Address: _____ City/State/Zip: _____

How long have you lived there? _____

Reason for Leaving? _____

Who is your landlord? _____ Phone: _____

Would your landlord give a good reference? (Circle) YES NO

If not, why? _____

Previous Address: _____ City/State/Zip: _____

How long have you lived there? _____

Reason for Leaving? _____

Employment and Income-

Are you currently employed?(Circle) YES NO If not, what is your source of income? _____

Where are you employed? _____ Length of time on job: _____

What is your position? _____ Supervisor: _____ Phone: _____

What is your gross monthly income? \$ _____ Can you prove this with paystubs or tax returns? (Circle) YES NO

Proposed Occupants-

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Please Read Below

By turning this application in, it **does not** reserve the property of your choice. To reserve a property until you are ready to move-in requires part/all of the security deposit to be paid. Urban Pharm can hold a property for up to 30 Days with a minimum of \$100 per week towards the security deposit. However, \$100 per week will be forfeited if a lease is not activated within this 30 day time period.

Urban Pharm will return deposit in-full if you do not meet the approval criteria.

Would you like to put money down towards your house? (Circle) Yes No How Much? _____

Please include a \$20.00 application fee when you turn in this application. Your application will not be processed without it. The application fee is non-refundable.

Furthermore, I authorize Urban Pharm, LLC to review my credit profile and verify any employment and rent/mortgage history.

Printed Name

Signature

Date