

Turnagain Crossing Apartments

2802 Turnagain Street – Anchorage, AK

www.turnagaincrossing.com

907-830-3330

jjbrooks@gspnw.com

Leasing Application

Thank you for your interest in leasing an apartment at Turnagain Crossing. Please complete all of the requested information on this form for each person that will be residing in the apartment.

Desired Date of Occupancy: _____

Application Fee: \$30 per applicant Rental Rate: \$1,575/month plus gas and electric

Security Deposit: \$1,575 Pet Deposit: N/A Tenant Paid Utilities: Gas ___ Electric ___
Copy of Photo ID Attached: _____

PERSONAL INFORMATION

APPLICANTS FULL NAME: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ APPLICANT CELL # _____

Hm Ph. #: _____ E-mail Address: _____

CO-APPLICANTS FULL NAME: _____ DOB: _____

SOCIAL SECURITY #: _____ APPLICANT CELL # _____

Hm Ph. #: _____ E-mail Address: _____

CURRENTLY WE DO NOT ACCEPT PETS OR SMOKERS

RESIDENT HISTORY

PRESENT ADDRESS: _____ ZIP Code _____

Present Telephone: _____ Cell No. _____

Length of time at present address: _____ Present Landlord: _____

Phone No. _____ Amount of Rent: _____

Reason for Moving: _____

Co-Resident's Current Address (if different than above): _____

Previous Address: _____

Previous Landlord: _____ Phone #: _____

Length of time at previous address: _____ Present Landlord: _____

Phone No. _____ Amount of Rent: _____

Reason for Moving: _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____ How Long? _____
Employer's Address _____ Zip _____ Telephone _____
Position Held _____ Monthly Salary _____
Supervisor _____

CO-RESIDENT OR PREVIOUS EMPLOYER _____ How Long _____
Employer's Address _____ Zip _____ Telephone _____
Position Held _____ Monthly Salary _____
Supervisor _____

CREDIT REFERENCES

Bank: _____ 2nd Bank: _____
Checking Acct #: _____ Savings Acct No. _____
2nd Acct #: _____

Personal References (not related to applicant):
Address: Phone#:

Complete the following only for those accounts that do not appear on credit reports (ie, private loans, Rent to Own or Rentronics):

Credit Reference: _____ Account Number: _____
Address: _____ Phone #: _____
Have you ever been convicted of a felony? _____ Date: _____
Explain circumstances _____

OTHER INFORMATION

Number of Automobiles (Including Company Cars) _____ Driver's License No. _____
Make _____ Year _____ Color _____ Tag No. _____ State _____
Make _____ Year _____ Color _____ Tag No. _____ State _____

Household Income \$ _____ Per _____
Other Remarks: _____

In case of personal emergency, Notify (next of kin): _____
Relationship _____ Phone No. _____
Address _____ City/State _____ Zip _____

Co-Resident next of kin _____
Relationship _____ Phone No. _____
Address _____ City/State _____ Zip _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes _____ No _____
 Been Evicted or asked to move out? Yes _____ No _____
 Broken a rental agreement or lease? Yes _____ No _____
 Been sued for damage to rental property? Yes _____ No _____

I hereby make application for a unit and certify that is information is correct. I authorize you to contact any reference that I have listed and authorize those references listed to release information to Turnagain Crossing LLC. Applicant signature authorizes Turnagain Crossing LLC to complete a full credit check of their own on the applicant(s).

 Applicant's Signature Date Co-Applicant's Signature Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Date Application Received _____ Received By _____

	Reference Verification	Remarks
	Present Landlord	
	Previous Landlord	
	Employment	
	Co-Res Employment	
	Bank Reference	
	Credit Reference	
	Credit Report	

Record of Advance Deposits Received

Date	Description	Amount	How Paid

This application: Approved Not Approved

By:
 Assigned Unit No.

Move-in Date