

## Christian Management Corp ASSUMPTION OF FINANCIAL RESPONSIBILITY

	antor, or accepted guarantor, for the hereinafter named applicant(s)			
for residency at	, and hereby			
* •	or Management Agent, of the said property to verify my income,			
criminal background, references, and/or credit history, and I submit the following information:				
APPLICANT INFORMATION				
Applicant(s) Name:				
Relationship to Applicant(s):				
GUARANTOR INFORMATION				
Full Printed Name:				
Maiden Name (if applicable)				
Phone:				
purpose of communicating community ne reply "HELP" for more information. Mes information, please read our <b>Privacy Poli</b>	agree to receive text messages from Christian Management Corporation for the ws, urgent notifications, and events. Reply "STOP" to opt-out anytime or sage and data rates may apply. Message frequency will vary. For more cy and Terms of Service.			
Address:				
Email:				
Social Security Number:				
Date of Birth:				
ID / Driver's License #:	State:			
Vehicle Year/Make/Model/Color: License Plate:				
Have you ever lived in another stat	e? If so, where?			
Have you ever rented from us before	re?			
Have you ever been evicted or asked	d to vacate a property you were renting?			
Have you ever refused to pay rent f	or any reason?			
Have you ever been convicted of a felony?				
In the past 7 years have you had an	y bill or account turned into a collection agency?			
Have you ever filed bankruptcy? If	so when?			
INCOME INFORMATION				
Employer/Income Source:				
Positio	n:			
How long have you worked here	e?			
Amour	t: \$ Weekly/Bi-Weekly/Monthly/Annually (circle			
	one)			
Superviso	r:			
Phon	e:			
Addres	s:			
Additional Income (Alimony, child	support, etc):			

## **ASSUMPTION OF FINANCIAL RESPONSIBILITY (Continued)**

GUA	RANTOR INFO	RMATION (Co	ontinued)
Your Home: (please circle one)			
		Other:	
Monthly Expenses: Home		Credit Cards:	Loans:
Car Paym		ities:	Other:
If Rented/Leased: Landlord Na			
	Phone Number:		
Do you rent a storage building?	If so from whom?	Contact Info:	
Emergency Contact Person			Relationship:
Phone:			110100000000000000000000000000000000000
Reference Contact			Relationship:
Phone:			1
OFFICE USE ONLY:			
Has the Guarantor provided the	following required	d supporting doc	cumentation:
COLOR copy of State ID or D	river's License		
Proof of Income			
Additional Application Fee			
the owner, I agree to accept full owner incurred and unpaid by t I further understand and agree t	I financial responsi he said applicant/lethat should any ame amed as a defendar	bility for any an essee during the ounts due remain	by the property owner or the agent for all indebtedness to the property term of their residency.  In unpaid where lessee and/or myself etion initiated by the property owner,
Signature of Guarantor  I, the undersigned property own accept the party above named a	_	<b>O</b> ,	Date ified the above information and dent.
Signature of Owner or Agent Maranda Bolin, Broker			Date