



THOMAS CENTER

FOR SENIOR LEADERSHIP

LEASE APPLICATION

Date of Application: _____

Name of Applicant: _____

Current Address: _____

Email: _____

Current Home Phone Number: _____

Driver's License No: _____

State of Issuance: _____

Social Security Number: _____

Date of Birth: _____

Marital Status: _____

Spouse Name: _____

General Information:

Who will reside in the unit with you? _____

What size unit are you requesting? Studio 1 Bedroom 2 Bedroom

Do you intend to reside here indefinitely? YES NO

If no, how long? _____

Do you understand the philosophy of the Thomas Center to focus on promoting healthy senior leadership and community? YES NO

Do you have any pets that you would like to occupy the unit? YES NO

If yes, please describe: _____

Have you ever been evicted from a rental unit? YES NO

If yes, please provide reason for eviction: _____

Have you ever filed Bankruptcy? YES NO If yes, please describe _____

Are you a party to any lawsuit? YES NO If yes, please describe _____

Are there any judgments against you? YES NO If yes, please describe _____

Employment Information:

Employer: _____
 Supervisor: _____ Phone: _____
 Job Title: _____ Work Hours: _____
 Monthly Pay: _____ How Long at Job: _____

Residence Information:

	Residence	Residence	Residence
Applicant name			
Street address			
City, State, zip code			
	From/To	From/To	From/To
Dates of residency			
Landlord name			
Landlord phone number			
Last rent paid	\$	\$	\$
Reason for leaving			

Income Information:

Applicant Name			
Wages/Salary	\$	\$	\$
Other Income	\$	\$	\$
Other Income	\$	\$	\$
Other Income	\$	\$	\$

Motor Vehicle Identification:

Year	Make/Model	Color	License Number
_____	_____	_____	_____
_____	_____	_____	_____

By my signature hereon, I certify that the information disclosed herein is true, complete and accurate to the best of my knowledge, and I agree that the information disclosed herein is material to the potential Lessor’s decision with respect to granting or denying my application to enter into a lease. I further understand that a credit check will be performed.

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____

Print Name: _____

For more information, contact the General Manager at: (907) 538-9995

Please mail your application to:

St. Mary’s Episcopal Church Housing Company, LLC

2190 E Tudor Rd, Anchorage, AK 99507

Email applications to: carrie@thomascenterak.com