



# THOMAS CENTER

FOR SENIOR LEADERSHIP

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## LEASE APPLICATION

Date of Application: \_\_\_\_\_  
Name of Applicant(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ 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 would occupy your 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 for bankruptcy? \_\_\_ Yes \_\_\_ No  
If yes, please describe \_\_\_\_\_

Are you a party to any lawsuits? \_\_\_ 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 1                      Residence 2                      Residence 3

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Dates There \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Landlord Phone \_\_\_\_\_  
Last Rent Paid \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Income Information**

Name \_\_\_\_\_  
Wages/Salary \_\_\_\_\_  
Other Income \_\_\_\_\_

**Motor Vehicle Identification:**

Year	Make/Model	Color	License Plate #
_____	_____	_____	_____
_____	_____	_____	_____

By my signature herein, I certify that the information disclosed herein is true, complete and accurate to the best of my knowledge. I agree that the information disclosed 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**  
**Mail application to: Thomas Center, 2190 E. Tudor Road, Anchorage, AK 99507**  
**Email to: [manager@thomascenterak.com](mailto:manager@thomascenterak.com)**