

LAND MANAGEMENT

Land Management 2025 Yukon Drive, Ste 211 Fairbanks, Alaska 99775-5280 Phone: (907) 450-8133

Phone: (907) 450-813: ua-land@alaska.edu

RENTAL APPLICATION	
Address of Property: 315 D Str	eet, Dillingham Alaska Unit Number:
Desired Date of Occupancy:	
PERSONAL INFORMATION	
	Email Address:
Number of Dependents:	
CO-APPLICANT'S FULL NAME: _	
Telephone Number:	Email Address:
Number of Dependents:	
RESIDENCE HISTORY	
Present Address:	
	Length of Time at Present Address:
Present Landlord:	Landlord's Phone Number:
Amount of Rent: \$	Reason for Moving:
Previous Address:	
Previous Landlord:	Landlord's Phone Number:
Amount of Rent: \$	Reason for Moving:

EMPLOYMENT INFORMATION Applicant's Employer: _____ How Long: ____ Employer's Address: Telephone: ______ Position Held: _____ Monthly Salary: _____ Supervisor: _____ Co-Applicant's Employer: _____ How Long: _____ Employer's Address: Telephone: ______ Position Held: _____ Monthly Salary: _____ Supervisor: _____ OTHER INFORMATION Automobile (including company car): Make & Year of Car: _____ Color: ____ Tag No.: ____ State: ____ REFERENCES ADDRESS: PHONE NUMBER: NAME: **Emergency Contact:** Address Phone Number Name Have you ever: been evicted from tenancy? Have you ever: willfully or intentionally refused to pay rent when due:

I/We certify that all information provided in this application and any attachments is true. I/We understand any false statement made herein is sufficient reason for the rejection of my/our application.

I/We hereby authorize and permit the University of Alaska, Land Management to obtain a credit report and background check. I/We understand that I/we may be required to sign separate consent forms for this purpose.

BY SIGNING Below, I/we certify that I/we have read and agree with these statements.

APPLICANT'S SIGNATURE:

Date

CO-APPLICANT'S SIGNATURE:

Date

SUBMIT COMPLETED APPLICATION TO UA-LAND@ALASKA.EDU

It is unlawful in Alaska to discriminate or deny anyone housing because of Race, Religion, Color, National Origin, Sex, Physical Disability, Mental Disability, Marital Status, Change in Marital Status, Pregnancy, Parenthood, Age or Familial Status.