

# **RENTAL APPLICATION**

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION								
FIRST NAME	MIDDLE		LAST		S.S.#	-		
DATE OF BIRTH / /	MARITAL STATU	S 🔄 SINGLE 🛄 MARRIED Sind	e DIVOR	RCED Since	DRIVERS LICENSE #	STATE		
PHONE – – 🔲 🕻	Cell 🔲 Home	PHONE	EXT.	HOME WORK	EMAIL			
PRESENT HOME ADDRESS			CITY/STATE/ZIP					
LENGTH OF TIME		PRESENT LANDLORD			LANDLORD PHONE	-		
REASON FOR LEAVING			AMOUNT OF RENT		Is your present rent up to date?	YES NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP					
LENGTH OF TIME		PREVIOUS LANDLORD			LANDLORD PHONE	_		
REASON FOR LEAVING			AMOUNT OF RENT		Was your rent up to date?	YES NO		
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP					
LENGTH OF TIME		NEXT PREVIOUS LANDLORD			LANDLORD PHONE	_		
REASON FOR LEAVING		•	AMOUNT OF RENT		Was your rent up to date?	YES NO		

PROPOSED OCCUPANT(S)								
NAME	RELATIONSHIP	OCCUPATION	AGE					
NAME	RELATIONSHIP	OCCUPATION	AGE					
NAME	RELATIONSHIP	OCCUPATION	AGE					
NAME RELATIONSHIP		OCCUPATION	AGE					
NAME	RELATIONSHIP	OCCUPATION	AGE					

<b>PROPOSED PET(S)</b>			
NAME	TYPE/BREED		AGE
NAME	TYPE/BREED		AGE
NAME	TYPE/BREED		AGE

VEHICLE(S) INFORMATION						
YEAR	МАКЕ	MODEL	COLOR	PLATE #	STATE	
YEAR	МАКЕ	MODEL	COLOR	PLATE #	STATE	

EMPLOYMENT			
CURRENT EMPLOYER	OCCUPATION		HOURS/WEEK
SUPERVISOR	PHONE	EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP		
CURRENT EMPLOYER	OCCUPATION		HOURS/WEEK
SUPERVISOR	PHONE	EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP		

INCOME		
CURRENT S WEEKLY DIWEEKLY MONTHLY YEARLY		PROOF OF INCOME YES NO
CURRENT \$ WEEKLY DIWEEKLY MONTHLY YEARLY	SOURCE	PROOF OF INCOME YES NO
CURRENT S WEEKLY DIBIWEEKLY MONTHLY VEARLY	SOURCE	PROOF OF INCOME YES NO



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#### **CREDIT CARD / FINANCIAL INFORMATION**

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S	-			
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S _	-			
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S _	-			
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S _	-			
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S _	-			
BANK ACCOUNT	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER				

### EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE	_	_	CELL L HOME	PHONE _	-	
RELATION	ADDRESS				CITY/STATE/ZIP		
EMERGENCY CONTACT	PHONE	-	-	CELL HOME	PHONE _	_	🔲 HOME 🛄 WORK
RELATION	ADDRESS				CITY/STATE/ZIP		
PERSONAL REFERENCE	PHONE	-	_	CELL L HOME	PHONE _	-	🔲 HOME 🛄 WORK
RELATION	ADDRESS				CITY/STATE/ZIP		
PERSONAL REFERENCE	PHONE	-	_	CELL HOME	PHONE _	-	
RELATION	ADDRESS				CITY/STATE/ZIP		

#### **APPLICANT QUESTIONNAIRE / AUTHORIZATION**

Has applicant ever been sued for bills?			Has applicant ever been locked out of their apartment by the sheriff?	YES	NO NO
Has applicant ever been bankrupt?		🔲 NO	Has applicant ever been brought to court by another landlord?	🛄 YES	
Has applicant ever been guilty of a felony?	Tes 🗋	🔲 NO	Has applicant ever moved owing rent or damaged an apartment?	TES I	
Has applicant ever broken a Lease?	Tes 🗋	🔲 NO	Is the total move-in amount available now (rent and deposit)?	TES I	

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

Х APPLICANT SIGNATURE

DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person. I am applying for property located at: Desired move-in date

NOTES: