



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 STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____ | DRIVERS LICENSE # | STATE | | |
| PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME | PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

PROPOSED OCCUPANT(S)

| | | | |
|------|--------------|------------|-----|
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |

PROPOSED PET(S)

| | | | |
|------|------------|--|-----|
| NAME | TYPE/BREED | <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | AGE |
| NAME | TYPE/BREED | <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | AGE |
| NAME | TYPE/BREED | <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | AGE |

VEHICLE(S) INFORMATION

| | | | | | |
|------|------|-------|-------|---------|-------|
| YEAR | MAKE | MODEL | COLOR | PLATE # | STATE |
| YEAR | MAKE | 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 INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY | SOURCE | PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY | SOURCE | PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY | SOURCE | PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO |



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CREDIT CARD / FINANCIAL INFORMATION

| | | | | | |
|-------------------------------------|-----------------|--------------------|-----------------------|---|---|
| CAR LOAN LIEN HOLDER | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE # | - | - |
| CREDIT CARD COMPANY | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE # | - | - |
| CREDIT CARD COMPANY | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE # | - | - |
| CREDIT CARD COMPANY | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE # | - | - |
| CHILD SUPPORT/ OTHER CREDIT OWED | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE # | - | - |
| BANK ACCOUNT NAME OF BANK | BALANCE | MONTHLY PAYMENT | ACCOUNT NUMBER | | |

EMERGENCY / PERSONAL REFERENCE INFORMATION

| | | |
|--------------------|---|---|
| EMERGENCY CONTACT | PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME | PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |
| EMERGENCY CONTACT | PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME | PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |
| PERSONAL REFERENCE | PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME | PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |
| PERSONAL REFERENCE | PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME | PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |

APPLICANT QUESTIONNAIRE / AUTHORIZATION

| | |
|--|--|
| Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO | Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO |

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.

X _____
APPLICANT SIGNATURE

_____ DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES:
