RESIDENTIAL RENTAL APPLICATION

(FIRST) APPLICANT INFORMATION: DATE: _____

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SOCIAL SECURITY NO: _____

DRIVER'S LICENSE NO: _____ DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMPLOYMENT & INCOME INFORMATION:

OCCUPATION: _____ SUPERVISOR NAME: _____

EMPLOYER / COMPANY NAME: _____

START DATE: _____ END DATE: _____

COMPANY PHONE NO: _____ SUPERVISOR PHONE NO: _____

MONTHLY SALARY: _____ YEARLY INCOME: _____

OTHER INCOME DESCRIPTION: _____ MONTHLY INCOME: _____

BONUS AND COMMISSIONS: _____ALIMONY, SEPARATE MAINTENANCE, CHILD SUPPORT: _____

CURRENT ADDRESS:

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE IN: _____ DATE OUT: _____ RENT: _____

YEARS LIVED AT PRESENT ADDRESS: _____ REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

PREVIOUS ADDRESS:

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE IN: _____ DATE OUT: _____ RENT: _____

YEARS LIVED AT PRESENT ADDRESS: _____ REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

(SECOND) APPLICANT INFORMATION:

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SOCIAL SECURITY NO: _____

DRIVER'S LICENSE NO: _____ DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMPLOYMENT & INCOME INFORMATION:

OCCUPATION: _____ SUPERVISOR NAME: _____

EMPLOYER / COMPANY NAME: _____

START DATE: _____ END DATE: _____

COMPANY PHONE NO: _____ SUPERVISOR PHONE NO: _____

MONTHLY SALARY: _____ YEARLY INCOME: _____

OTHER INCOME DESCRIPTION: _____ MONTHLY INCOME: _____

BONUS AND COMMISSIONS: _____ALIMONY, SEPARATE MAINTENANCE, CHILD SUPPORT: _____

CURRENT ADDRESS:

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE IN: _____ DATE OUT: _____ RENT: _____

YEARS LIVED AT PRESENT ADDRESS: _____ REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

PREVIOUS ADDRESS:

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE IN: _____ DATE OUT: _____ RENT: _____

YEARS LIVED AT PRESENT ADDRESS: _____ REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

BANKING INFORMATION:

BANK NAME: _____ BRANCH LOCATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHECKING ACCOUNT NO: _____ SAVING ACCOUNT NO: _____

AUTOMOBILES INFORMATION:

NUMBER OF VEHICLES: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ TAG NO: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ TAG NO: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ TAG NO: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ TAG NO: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PERSONAL REFERENCES:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PETS / MASCOT INFORMATION:

PET DESCRIPTION: _____ AGE: _____ POUNDS: _____ COLOR: _____

PET DESCRIPTION: _____ AGE: _____ POUNDS: _____ COLOR: _____

BACKGROUND INFORMATION: **HAVE YOU EVER:**

FILED FOR BANKRUPTCY: YES _____ NO _____ IF YES, PLEASE DESCRIBE: _____

WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? _____

BEEN EVICTED FROM A TENANCY OR LEFT OWING MONEY? IF YES, PLEASE PROVIDE PROPERTY NAME, CITY STATE, AND OR LANDLORD NAME? _____

BEEN CONVICTED OF A CRIME? IF YES, PLEASE PROVIDE TYPE OF OFFENSE, COUNTY AND STATE?

_____

DO YOU SMOKE MEDICAL MARIJUANA? IF YES, PLEASE PROVIDE REGISTY OR PATIENT NUMBER? _____

OTHER INFORMATION:

HOW DID YOU HEAR ABOUT THIS PROPERTY? _____

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION:

_____

_____

DISCLOSURE

THE APPLICANT UNDERSTANDS AND AGREES THAT IF THIS APPLICATION IS ACCEPTED AND THE APPLICANT FAILS TO EXECUTE A LEASE BEFORE THE BEGINNING DATE SPECIFIED ABOVE, OR TO PAY THE REQURIED DEPOSITS AND THE FIRST MONTH'S RENT, THE DEPOSIT WILL BE FORFEITED AS LIQUIDATED DAMAGES. APPLICATION FEE IS NON-REFUNDABLE. DEPOSIT IS NON-REFUNDABLE IF APPLICANT IS ACCEPTED AND DOES NOT TAKE POSSESSION OF HOME, APARTMENT OF LIVING UNIT.

I/ WE, THE UNDERSIGNED, UNDERSTAND THAT _____ IS THE LEASING AGENT AND REPRESENTATIVE FOR THE OWNER/LANDLORD AND THAT THE LEASING'S AGENT FEES WILL BE PAID BY THE OWNER/LANDLORD. THE UNDERSIGNED ACKOWLEDGE THAT THE WRITTEN NOTICE WAS RECEIVED PRIOR TO THE INDERSIGNED RECEIVING A LEASE AGREEMENT.

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THAT THE OWNER/LANDLORD AND AGENT TO VERIFY THE REFERNCES, EMPLOYMENT, BACKROUND/ CRIMINAL RECORD SEARCH, COURT RECORD SEARCH, CREDIT RECORD SEARCH AND REGISTERED SEX OFFENDER SEARCH. I AUTHORIZE THE RELEASE OF INFORMATION FROM PREVIOUS OR CURRENT LANDLORDS, EMPLOYERS, AND BANK INFORMATION. THIS INVESTIGATION IS FOR RESIDENT SCREENING PURPOSE ONLY, AND IS STRICTLY CONFIDENTIAL. THIS REPORT CONTAINS INFORMATION COMPLIED FROM SOURCES BELIEVED TO BE RELIABLE, BUT THE ACCURACY OF WHICH CANNOT BE GUARANTEED. I HEREBY HOLD THE OWNER/LANDLORD, AGENT AND ANY COMPANY IN WHICH WE RECEIVE THIS INFORMATION FREE AND HARMLESS OF ANY LIABILITY FOR ANY DAMAGES ARISING OUT OF ANY IMPROPER USE OF THIS INFORMATION.

_____ _____

(SIGNED / APPLICANT) DATE (SIGNED / APPLICANT) DATE

NOTICE: ALL ADULT APPLICANTS MUST BE (**18** YEARS OR OLDER) TO COMPLETE THIS APPLICATION.