



RENTAL APPLICATION

(Each Applicant must complete a separate application)

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Birth Date: _____ Driver's Lic. # and State: _____ Social Security #: _____

Number of Occupants: _____ Adults/ Children ____/____ Marital Status: _____

Current Landlord/ Mortgage Company: _____

Monthly Payment: _____ Contact Information: _____

Previous
Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Landlord/ Mortgage Company: _____

Monthly Payment: _____ Contact Information: _____

EMPLOYMENT HISTORY

Current : _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Previous: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Previous: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

REFERENCES

Please list 2 personal references:

Name: _____

Phone No.: _____ Relationship to Applicant: _____

Name: _____

Phone No.: _____ Relationship to Applicant: _____

GENERAL INFORMATION

Have you ever been evicted ? YES ☐ NO ☐

Have you ever been late or delinquent on rent? YES ☐ NO ☐

Have you ever file for bankruptcy? YES ☐ NO ☐

Have you ever been part of a lawsuit? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If "YES" to any of the above, please explain why:

Do you smoke? YES ☐ NO ☐

Do you have any pets? YES ☐ NO ☐

If "YES", list type, breed, weight and age:

Why are you moving from your current address?

Is there anything negative in your credit and background check you would like to comment on?



****Applications MUST complete and submit this Application/ Screening Authorization Form, along with a NON-REFUNDABLE \$50 money order or cashier's check MADE OUT TO JACK CODEN for authorization to perform a credit/ criminal background check.****

****EACH Applicant MUST submit a copy of their driver's license, state ID, or passport with this application.****

I certify that the statements in this application are true and correct. I authorize The Jack Coden Group to use and verify the information provided. False or lack of information may result in the rejection of this application.

Signature: _____ Date: _____