TENANT APPLICATION FORM

Property Information

Address:	Rent $	Deposit $

Applicant History

Applicant's Full Name (Last, First, Middle Initial) Jr/Sr	Date of Birth	Social Security Number	Drivers License #

Phone # (Home)	Phone # (Work)	Email:

Name of Co-Applicants (*Separate Application required for each Co-Applicant*) (Last, First, Middle Initial)	(Last, First, Middle Initial)	(Last, First, Middle Initial)

Applicant's Present Address City Zip		Dates: From - To
Monthly Payment $	[ ] Rent [ ] Own	[ ] Apartment [ ] House
Present Landlord's Name Address City Zip Phone #		

Applicant's Prior Address City Zip		Dates: From - To
Monthly Payment $	[ ] Rent [ ] Own	[ ] Apartment [ ] House
Prior Landlord's Name Address City Zip Phone #		

Proposed Occupants

1 - (Last, First, Middle Initial) Date of Birth	3 - (Last, First, Middle Initial) Date of Birth
2 - (Last, First, Middle Initial) Date of Birth	4 - (Last, First, Middle Initial) Date of Birth
Does Applicant or any Proposed Occupant smoke? [ ] yes [ ] no	
Do you own a pet? [ ] yes [ ] no Number of pets: _____ Type:	

Employment

Current Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income $ Source	

Prior Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income $ Source	

Financial Info

Checking: bank and branch (include City/State)	Account #
Savings: bank and branch (include City/State)	Account #
Have you ever filed bankruptcy? [ ] yes [ ] no County/State where filed:	What year?
Have you or any proposed occupant ever: Been convicted of a felony? [ ] yes [ ] no Describe: _____ Been evicted from a rental? [ ] yes [ ] no Describe: _____ Defaulted on a lease? [ ] yes [ ] no Describe: _____	

TENANT APPLICATION FORM
(continued)

Applicant Name

Applicant's Full Name (Last, First, Middle Initial) Jr/Sr

Personal Info

In case of emergency, please notify: (local name, address & phone number)			Relationship:	
Auto Make	Model	Year	License #	State
Reason for relocation?			Do you have renter's insurance? [ ] yes [ ] no	