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 ❑ SINGLE ❑ MARRIED Since _____ ❑ DIVORCED 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

PROPOSED PET(S)

NAME	TYPE/BREED	❑ INDOOR ❑ OUTDOOR	AGE
NAME	TYPE/BREED	❑ INDOOR ❑ OUTDOOR	AGE
NAME	TYPE/BREED	❑ INDOOR ❑ 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 $_____ ❑ WEEKLY ❑ BIWEEKLY ❑ MONTHLY ❑ YEARLY	SOURCE	PROOF OF INCOME ❑ YES ❑ NO
CURRENT INCOME $_____ ❑ WEEKLY ❑ BIWEEKLY ❑ MONTHLY ❑ YEARLY	SOURCE	PROOF OF INCOME ❑ YES ❑ NO
CURRENT INCOME $_____ ❑ WEEKLY ❑ BIWEEKLY ❑ MONTHLY ❑ YEARLY	SOURCE	PROOF OF INCOME ❑ YES ❑ 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 – – ❑ CELL ❑ HOME	PHONE – – ❑ HOME ❑ WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE – – ❑ CELL ❑ HOME	PHONE – – ❑ HOME ❑ WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE – – ❑ CELL ❑ HOME	PHONE – – ❑ HOME ❑ WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE – – ❑ CELL ❑ HOME	PHONE – – ❑ HOME ❑ WORK
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION

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

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