Rental Application

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own ☐ Rent ☐	Monthly payment or rent: $	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned ☐ Rented ☐	Monthly payment or rent: $	How long?	
Service Member ☐ No ☐ Yes. If yes, Landlord must provide written approval or denial of tenant's application within seven days after receipt of application. If denied, Landlord must provide a reason for denial to tenant.			

Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly ☐ Salary ☐	Annual income: $	

Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information, if Married			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own ☐ Rent ☐	Monthly payment or rent: $	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned ☐ Rented ☐	Monthly payment or rent: $	How long?	

Co-applicant Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly ☐ Salary ☐	Annual income: $	

References		
Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

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