

RENTAL APPLICATION



First 2 lines in grey are for internal office use only • Please Print Clearly in Ink • List All Information Including Phone Numbers.

Agent's Name	Apt. No.	Type
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Rent Amount	Occupancy Date	Lease Term	Security Deposit
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Applicant				GENERAL INFORMATION				Spouse							
Last		First		Middle		Last		First		Middle					
Social Sec. Num.		Date of Birth		Driver's License #.		State		Social Sec. Num.		Date of Birth		Driver's License #.		State	
Year, Automobile, Make, Model				License Plate #				Year, Automobile, Make, Model				License Plate #			

RESIDENTIAL HISTORY

Present Address and Apartment #				Start Date		Your Phone # ()		Monthly Pmt. \$			
City				State		Zip		Owner/Apartment Complex		Phone # ()	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family				Reason for Moving?							
Previous Address(es) (if residing in present address less than 2 years)											
Previous Address and Apartment #				Start Date		End Date		Monthly Pmt. \$			
City				State		Zip		Owner/Apartment Complex		Phone # ()	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family				Reason for Moving?							
Previous Address and Apartment #				Start Date		End Date		Monthly Pmt. \$			
City				State		Zip		Owner/Apartment Complex		Phone # ()	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family				Reason for Moving?							
Previous Address and Apartment #				Start Date		End Date		Monthly Pmt. \$			
City				State		Zip		Owner/Apartment Complex		Phone # ()	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family				Reason for Moving?							

EMPLOYMENT HISTORY

Applicant				EMPLOYMENT HISTORY				Spouse											
Present Employer Name and Address				Check Self Employed <input type="checkbox"/>		Spouse's Present Employer Name and Address				Check Self Employed <input type="checkbox"/>									
City				State		City				State									
Phone: ()				Contacts:		Phone: ()				Contacts:									
Position/Title				Hire Date		Salary		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth		Position/Title				Hire Date		Salary		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth	
Previous Employer Name and Address																			
Previous Employer Name and Address				Check Self Employed <input type="checkbox"/>		Previous Employer Name and Address				Check Self Employed <input type="checkbox"/>									
City				State		City				State									
Phone: ()				Contacts:		Phone: ()				Contacts:									
Position/Title				Hire Date		Salary		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth		Position/Title				Hire Date		Salary		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth	
Previous Employer Name and Address																			
Previous Employer Name and Address				Check Self Employed <input type="checkbox"/>		Previous Employer Name and Address				Check Self Employed <input type="checkbox"/>									
City				State		City				State									
Phone: ()				Contacts:		Phone: ()				Contacts:									
Position/Title				Hire Date		Salary		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth		Position/Title				Hire Date		Salary		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth	

OTHER INCOME SOURCE

Applicant				OTHER INCOME SOURCE				Spouse			
Gross Net Income		Month \$		Year \$		Gross Net Income		Month \$		Year \$	
Explain Income Source:											

MISCELLANEOUS INFORMATION

Name of other Occupants		Age		Social Security #		Drivers License #	
1.							
2.							
3.							
Pets (list each pet you own)							
Checking Account #		Bank/Branch		Phone: ()		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Checking Account #		Bank/Branch		Phone: ()		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When / Where;			
Have you ever been convicted or charged with a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When, Where;							
How did you learn about this property?				In case of emergency, Notify: Phone: ()			
How many smokers within household?		Please list each:					

PERSONAL REFERENCES

Name		Phone: ()	
Name		Phone: ()	

I, (undersigned) hereby give permission to have any information verified including my credit, employment, past employment, income, bank account, rental history and criminal background information. I further agree that a photocopy of this authorization may be accepted with the same authority as the original. Any paid deposit will be refundable within 72 hours of the date of this application should applicant cancel. All persons will be treated fairly and equally without regard to race, color, religion, sex, family status, disability, national origin, or source of income.

Applicant's Signature _____ Agent for Owner _____

Applicant's Signature _____ Date _____