



RENTAL APPLICATION

PERSONAL INFORMATION (Each co-resident must submit a separate application)

FULL NAME _____ Phone _____
 Social Security # _____ Birth Date _____ Driver's License # _____ State _____
 Email _____

SPOUSE'S FULL MAIDEN NAME _____ Phone _____
 Social Security # _____ Birth Date _____ Driver's License # _____ State _____
 Email _____

List the full names of all persons to be occupying the premises:

Name: _____ Name: _____ Name: _____
 Name: _____ Name: _____ Name: _____

RESIDENCE HISTORY

PRESENT STREET ADDRESS _____ How Long _____
 City _____ State _____ Zip Code _____
 Present Telephone Number (____) _____ Amount of Rent \$ _____
 Present Landlord or Mortgage Holder _____ Phone No. (____) _____
 Address of Landlord _____ City _____ State _____ Zip _____
 Reason for Moving _____

PREVIOUS STREETADDRESS _____ How Long _____
 City _____ State _____ Zip Code _____ Amount of Rent \$ _____
 Reason for Moving _____
 Previous Landlord or Mortgage Holder _____ Phone No. (____) _____
 Address of Landlord _____ City _____, State _____ Zip _____

Do any of the following apply to you, your spouse, or any other occupants:

Been formally evicted?	Yes _____	No _____
Smoke?	Yes _____	No _____
Have any pets?	Yes _____	No _____
Been convicted of a crime?	Yes _____	No _____
Written a bad check?	Yes _____	No _____
Declared bankruptcy?	Yes _____	No _____
Ever broken a rental agreement or lease contract?	Yes _____	No _____
Been served a three-day eviction notice?	Yes _____	No _____
Ever been sued for non-payment of rent or damages to rental property?	Yes _____	No _____

If yes, give details: _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____
 Employer Phone # (____) _____
 Employer Full Address _____
 How Long? _____ Position _____ Supervisor's Name _____ Monthly Net Income _____

PREVIOUS EMPLOYER _____
 Employer Phone # (____) _____
 Employer Full Address _____
 How Long? _____ Position _____ Supervisor's Name _____ Monthly Net Income _____

SPOUSE'S PRESENT EMPLOYER _____
 Employer Phone # (____) _____
 Employer Full Address _____
 How Long? _____ Position _____ Supervisor's Name _____ Monthly Net Income _____

Other Income and Source _____

EMERGENCY NOTIFICATION

Name _____ Relationship _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

VEHICLES

Make _____ Year _____ Color _____ License # _____ State _____
Make _____ Year _____ Color _____ License # _____ State _____
Make _____ Year _____ Color _____ License # _____ State _____

BANKING AND CREDIT REFERENCES

BANK _____ Branch _____
Checking Account# _____ Savings Account # _____

CREDIT REFERENCE _____
Account# _____ Phone _____ Balance Due _____ Monthly Payments _____

CREDIT REFERENCE _____
Account# _____ Phone _____ Balance Due _____ Monthly Payments _____

CREDIT REFERENCE _____
Account# _____ Phone _____ Balance Due _____ Monthly Payments _____

ADDITIONAL COMMENTS:

PROPERTY ADDRESS FOR APPLICATION

1ST CHOICE: _____
2ND CHOICE: _____
Anticipated date of occupancy? _____

How were you referred to us? Newspaper _____, Yard Sign _____, Just Stopped By _____, Friend's Name _____

It Is Illegal To Discriminate Against Any Person Because Of Race, Color, Religion, Sex, Ancestry, Handicap, Familial Status, Or National Origin.

I do hereby affirm that, to the best of my knowledge, all the information contained in this application is true and correct. I understand that if chosen, any information on this application found to be incorrect will be grounds for eviction. I also understand that this is only an application and does not reserve or guarantee a residence as such. I do hereby grant permission to the Landlord/Agent to obtain a credit report, and to check all employment, income, references, and any other information pertinent to my character. If this application is approved and accepted I agree to pay the balance of the security deposit within _____ business days after being notified of an approval or this application becomes null and void.

Facsimile (Fax) Signatures Constitute A Valid Signing Of This Application

Applicant #1 _____ Date _____

Applicant #2 _____ Date _____

Please mail or fax your application to: _____

REFERENCE VERIFICATION

Present Landlord	Remarks _____	By _____
Previous Landlord	Remarks _____	By _____
Employer	Remarks _____	By _____
Co-Resident Employer	Remarks _____	By _____

This application: Approved Not Approved
Reason: _____
By: _____ Date: _____

Applicant Notified By: _____
Date: _____