



RENTAL APPLICATION

Equal Housing Opportunity

The undersigned hereby makes an application to rent unit # _____ located at: _____

Anticipated move date of _____ at a monthly rent of \$ _____ and security deposit of \$ _____

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone (____) _____ Date of Birth _____

Social Security # _____ Email Address _____ Other Phone (____) _____

Co-Applicant Name _____ Home Phone (____) _____ Date of Birth _____

Social Security # _____ Email Address _____ Other Phone (____) _____

Names of Dependents _____

Dependents Dates of Birth _____

Pets? _____ If so please list _____

Do any of the applicants smoke? Yes _____ No _____

Please initial here to indicate that you understand that all of our properties have a strict **no smoking** policy _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ City/Zip _____

Month/Year Moved In _____ Reason for Leaving _____

Owner/Agent _____ Phone (____) _____

Previous Address _____ City/Zip _____

Month/Year Moved In _____ Reason for Leaving _____

Owner/Agent _____ Phone (____) _____

Previous Address _____ City/Zip _____

Month/Year Moved In _____ Reason for Leaving _____

Owner/Agent _____ Phone (____) _____

Previous Address _____ City/Zip _____

Month/Year Moved In _____ Reason for Leaving _____

Owner/Agent _____ Phone (____) _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a residential residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full-Time _____ Part-Time _____ Student _____ Unemployed

Employer _____

Dates Employed _____ Title _____

Supervisor Name _____ Phone (____) _____

Monthly Income \$ _____

If employed by above less than 12 months, give name & phone number of previous employer or school: _____

If you have any other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Personal References and Emergency Contacts

Name _____ Address _____

Phone (_____) _____ Relationship _____

Name _____ Address _____

Phone (_____) _____ Relationship _____

Business Reference (A company or person who can verify you pay your bills)

Name _____ Address _____

Phone (_____) _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information

Make / Model _____ Year _____

License Plate # _____ State _____

Make / Model _____ Year _____

License Plate # _____ State _____

ADDITIONAL INFORMATION

Please give any additional information that might help owner/management evaluate this application.

Where might we reach you to discuss this application?

Day Phone # (_____) _____ - _____ Night Phone # (_____) _____ - _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance.

I hereby authorize landlord/agent to verify the validity of all the above information, and to inquire with my employers, financial institutions, and any of the credit reporting bureaus available. I agree to supply any additional information needed by owner/agent to process this application & I acknowledge that my deposit will be forfeit if I do not comply with any such request. I agree that my screening fee of \$20 per adult applicant is non-refundable.

I agree that landlord may terminate any agreement entered into in reliance on any misstatement made above. I declare, under penalty of perjury, all of the above information to be true and correct to the best of my knowledge.

Applicant: _____
Signature _____ Date _____

Co-Applicant: _____
Signature _____ Date _____

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received By _____

Date _____