



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married) Please fill out **COMPLETELY** and sign where indicated.

| PERSONAL INFORMATION | | | |
|-----------------------|-------------------|-----------------------------------|----------------|
| FIRST NAME | MIDDLE | LAST | SSN# |
| DATE OF BIRTH | DRIVERS LICENSE # | PHONE | 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? | |
| PREVIOUS HOME ADDRESS | | CITY/STATE/ZIP | |
| LENGTH OF TIME | PREVIOUS LANDLORD | | LANDLORD PHONE |
| REASON FOR LEAVING | AMOUNT OF RENT | Was your present rent up to date? | |
| PREVIOUS HOME ADDRESS | | CITY/STATE/ZIP | |
| LENGTH OF TIME | PREVIOUS LANDLORD | | LANDLORD PHONE |
| REASON FOR LEAVING | AMOUNT OF RENT | Was your present rent up to date? | |
| PREVIOUS HOME ADDRESS | | CITY/STATE/ZIP | |
| LENGTH OF TIME | PREVIOUS LANDLORD | | LANDLORD PHONE |
| REASON FOR LEAVING | AMOUNT OF RENT | Was your present rent up to date? | |

| PROPOSED OCCUPANTS | | | |
|--------------------|--------------|------------|-----|
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |

| VEHICLE(S) INFORMATION | | | | | |
|------------------------|------|-------|-------|--------|-------|
| YEAR | MAKE | MODEL | COLOR | PLATE# | STATE |
| YEAR | MAKE | MODEL | COLOR | PLATE# | STATE |

| EMPLOYMENT | | |
|------------------|------------|----------------|
| CURRENT EMPLOYER | OCCUPATION | HOURS/WEEK |
| SUPERVISOR | PHONE | YEARS EMPLOYED |

| INCOME | | | | |
|---------------------|---------------------------------|------------------------------------|----------------------------------|--------|
| CURRENT INCOME \$ | WEEKLY <input type="checkbox"/> | BI-WEEKLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | SOURCE |
| CURRENT INCOME \$ | WEEKLY <input type="checkbox"/> | BI-WEEKLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | SOURCE |
| CURRENT INCOME \$ | WEEKLY <input type="checkbox"/> | BI-WEEKLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | SOURCE |
| OTHER ASSISTANCE \$ | WEEKLY <input type="checkbox"/> | BI-WEEKLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | SOURCE |

** MUST PROVIDE PROOF OF INCOME FOR TWO MOST CURRENT MONTHS FROM ALL SOURCES



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CREDIT CARD/FINANCIAL INFORMATION

| | | | |
|--------------|--------------|-----------------|-------------------|
| CAR LOAN | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE# |
| CREDIT CARD | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE# |
| CREDIT CARD | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE# |
| CREDIT CARD | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE# |
| CREDIT CARD | BALANCE OWED | MONTHLY PAYMENT | CREDITOR'S PHONE# |
| NAME OF BANK | BALANCE | MONTHLY PAYMENT | ACCOUNT NUMBER |

EMERGENCY/PERSONAL REFERENCE INFORMATION

| | | |
|--------------------|---------|-----------------|
| EMERGENCY CONTACT | PHONE | ALTERNATE PHONE |
| RELATIONSHIP | ADDRESS | CITY/STATE/ZIP |
| EMERGENCY CONTACT | PHONE | ALTERNATE PHONE |
| RELATIONSHIP | ADDRESS | CITY/STATE/ZIP |
| PERSONAL REFERENCE | PHONE | ALTERNATE PHONE |
| RELATIONSHIP | ADDRESS | CITY/STATE/ZIP |
| PERSONAL REFERENCE | PHONE | ALTERNATE PHONE |
| RELATIONSHIP | ADDRESS | CITY/STATE/ZIP |

APPLICANT QUESTIONNAIRE/AUTHORIZATION

| | | | |
|---|--|---|--|
| HAS APPLICANT EVER BEEN SUED FOR BILLS? | YES <input type="checkbox"/> NO <input type="checkbox"/> | HAS APPLICANT EVER BEEN LOCKED OUT BY THE SHERIFF? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HAS APPLICANT EVER BEEN BANKRUPT? | YES <input type="checkbox"/> NO <input type="checkbox"/> | HAS APPLICANT EVER BEEN BROUGHT TO COURT BY A LANDLORD? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HAS APPLICANT EVER BEEN GUILTY OF A FELONY? | YES <input type="checkbox"/> NO <input type="checkbox"/> | HAS APPLICANT EVER BEEN MOVED OWING RENT OR DAMAGED RENTAL? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HAS APPLICANT EVER BROKWN A LEASE? | YES <input type="checkbox"/> NO <input type="checkbox"/> | IS THE TOTAL MOVE-IN AMOUNT AVAILABLE NOW (rent and deposit)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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 s not 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

NOTES: _____

