



RENTAL APPLICATION

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



PERSONAL INFORMATION			
First Name:	Middle:	Last:	
Driver's License #:	State:	SS#	
Phone: - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone: - -	Ext. <input type="checkbox"/> Home	<input type="checkbox"/> Work
Email Address:			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Home Address	City/State/Zip		
Length of Time	Previous Landlord	Landlord Phone	
Reason for Leaving	Amount of Rent	Was your rent up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next Previous Home Address	City/State/Zip		
Length of Time	Next Previous Landlord	Landlord Phone	
Reason for Leaving	Amount of Rent	Was your rent up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROPOSED OCCUPANT(S)	
Name	Occupation
Name	Occupation
Name	Occupation
Name	Occupation
Name	Occupation

PROPOSED PET(S)			
Name	Type/Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age
Name	Type/Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age

VEHICLE(S) INFORMATION					
Year	Make	Model	Color	Plate #	State
Year	Make	Model	Color	Plate #	State

EMPLOYMENT			
Current Employer	Occupation	Hours/Week	
Supervisor	Phone	Ext:	Years Employed
Address	City/State/Zip		
Current Employer	Occupation	Hours/Week	
Supervisor	Phone	Ext:	Years Employed
Address	City/State/Zip		
Current Employer	Occupation	Hours/Week	
Supervisor	Phone	Ext:	Years Employed
Address	City/State/Zip		

INCOME		
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No

CREDIT CARD / FINANCIAL INFORMATION

Car Loan Lien Holder	Balance Owed	Monthly Payment	Creditor's Phone #	-	-
Credit Card Company	Balance Owed	Monthly Payment	Creditor's Phone #	-	-
Credit Card Company	Balance Owed	Monthly Payment	Creditor's Phone #	-	-
Credit Card Company	Balance Owed	Monthly Payment	Creditor's Phone #	-	-
Child Support/ Other Credit Owed	Balance Owed	Monthly Payment	Creditor's Phone #	-	-
Bank Account Name of Bank	Balance	Monthly Payment	Account Number		

EMERGENCY / PERSONAL REFERENCE INFORMATION

Emergency Contact	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Relation	Address	City/State/Zip
Emergency Contact	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Relation	Address	City/State/Zip
Personal Reference	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Relation	Address	City/State/Zip
Personal Reference	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Relation	Address	City/State/Zip

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been locked out of their apartment by the sheriff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been brought to court by another landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been guilty of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever moved owing rent or damaged an apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever broken a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total move-in amount available now (rent and deposit)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are the person(s) signing the lease contract as the principal applicant(s) 18 years of age or older? Yes No

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and other sources deemed necessary to investigate applicant through approval process.

All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

Security deposit will only be returned if application is denied.

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 _____ Date _____

Applicant Signature

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person

Notes:
