

# RENTAL APPLICATION

Co-Applicant must complete a separate Rental Application

DESIRED DATE OF MOVE-IN: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_ beginning on \_\_\_\_\_, at the monthly rental of \$ \_\_\_\_\_.

## APPLICANT INFORMATION:

Name (full legal name): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Driver's License / ID Number: \_\_\_\_\_ State: \_\_\_\_\_

## NAME OF OTHER OCCUPANTS AND RELATIONSHIP TO APPLICANT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date Birth: \_\_\_\_\_  
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## APPLICANT / OCCUPANT VEHICLE(S):

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

## RENTAL HISTORY:

**Current Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates Lived at This Address: From \_\_\_\_\_ to \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Week or Month  
Reason for leaving: \_\_\_\_\_  
Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: \_\_\_\_\_

**Previous Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Week or Month  
Reason for leaving: \_\_\_\_\_  
Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: \_\_\_\_\_

**Previous Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Week or Month  
Reason for leaving: \_\_\_\_\_  
Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: \_\_\_\_\_

## EMPLOYMENT HISTORY:

**Current Employer:**  
Name and Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of Employment: Begin \_\_\_\_\_ still employed? (Check one) \_\_\_ yes \_\_\_ no

## Previous Employer

Name and Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Length of Employment: Begin \_\_\_\_\_ End \_\_\_\_\_

## INCOME:

Gross Monthly Employment Income before Deductions: \$ \_\_\_\_\_  
Gross Monthly Income from Other Sources (average): \$ \_\_\_\_\_  
TOTAL GROSS MONTHLY INCOME: \$ \_\_\_\_\_

## BILLS OWED (Child Support, Car Payment, Charge Cards, Etc.):

Debt Type \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Week or Month  
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TOTAL MONTHLY DEBT PAID: \$ \_\_\_\_\_

**CREDIT and FINANCIAL INFORMATION:**

**Bank and Financial Accounts**

Checking:

Institution Name \_\_\_\_\_ Branch \_\_\_\_\_ Acct # \_\_\_\_\_

Savings:

Institution Name \_\_\_\_\_ Branch \_\_\_\_\_ Acct # \_\_\_\_\_

**MISCELLANEOUS: (check appropriate answer)**

Do you have pets? \_\_\_\_\_ Yes \_\_\_\_\_ No if so, describe \_\_\_\_\_

**NOTE:** There may be additional fees and/or deposits required for pets housed on premises.

In addition, specific rules and regulations regarding pets may apply.

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you plan to have water filled furniture on the rental property? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, detail below.

Have you ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain below.

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain below.

Have you ever had a Judgment filed against you? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain below.

Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain below.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT PERSONAL REFERENCES (Not A Relative or Previous Landlord):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known this reference how long? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known this reference how long? \_\_\_\_\_

**APPLICANT EMERGENCY CONTACT INFORMATION:**

Contact in Emergency (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

I hereby apply to lease the above described premises for the term and conditions above set forth and agree that the rent is to be payable the first day of each month in advance. I understand that a non-refundable application fee of \$35 is required. In addition, I hereby deposit \$150 earnest money deposit with this application. The earnest money will be returned to me if I am not approved or applied to my security deposit when I sign the lease.

Within 3 business days the status of my application will be determined. Upon acceptance of this application, I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay the balance of the security deposit within 3 business days after being notified of acceptance, or the earnest money will be forfeited as liquidated damages .

I hereby authorize verification of all information provided in this application, including financial and credit information via credit bureaus and/or contact with current and previous employers and/or landlords. In addition, if I am approved for a rental unit, I authorized the landlord/property manager/owner to report my name to the appropriate Consumer Credit Reporting Agency as the occupant of this dwelling. I waive my claim for damages by reason of non-acceptance.

The above information, to the best of my knowledge, is true and correct.

**PHOTO IDENTIFICATION IS REQUIRED & MANDATORY AT TIME OF APPLICATION**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE