

RENTAL APPLICATION

Address: _____ City/State/ZIP: _____

Every occupant 18 and over **MUST** fill out a separate application (even if married).

Please fill out this form **COMPLETELY** and sign where indicated. **PLEASE PRINT OR TYPE ONLY.**

PERSONAL INFORMATION

FIRST NAME		MIDDLE	LAST		DATE OF BIRTH
MARITAL STATUS	DRIVERS' LICENSE#		STATE	HOME PHONE	
CELL 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 RENT UP TO DATE?	

PROPOSED OCCUPANT(S) UNDER 18

NAME		RELATIONSHIP	AGE
NAME		RELATIONSHIP	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	WEIGHT	SERVICE ANIMAL (Y/N)	AGE
NAME	TYPE/BREED	WEIGHT	SERVICE ANIMAL (Y/N)	AGE
NAME	TYPE/BREED	WEIGHT	SERVICE ANIMAL (Y/N)	AGE

VEHICLES(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER		OCCUPATION	MONTHLY INCOME
SUPERVISOR		PHONE EXT	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP	PROOF OF INCOME (Y/N)
PREVIOUS EMPLOYER		OCCUPATION	MONTHLY INCOME
SUPERVISOR		PHONE EXT	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP	PROOF OF INCOME (Y/N)

OTHER INCOME

MONTHLY INCOME	SOURCE	PROOF OF INCOME (Y/N)
MONTHLY INCOME	SOURCE	PROOF OF INCOME (Y/N)
MONTHLY INCOME	SOURCE	PROOF OF INCOME (Y/N)

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EMERGENCY INFORMATION

EMERGENCY CONTACT	PHONE	PHONE
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE	PHONE
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION (Explain any "yes" answers below)

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

NOTES / EXPLANATIONS:

APPLICANT AUTHORIZES THE LANDLORD OR LANDLORD'S REPRESENTATIVE TO CONTACT PAST AND PRESENT LANDLORDS, EMPLOYERS, CREDITORS, CREDIT BUREAUS, NEIGHBORS AND ANY OTHER SOURCES DEEMED NECESSARY TO INVESTIGATE APPLICANT. BY SIGNING BELOW, APPLICANT CONFIRMS THAT 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.

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. THIS AUTHORIZATION SHALL EXPIRE WITHIN _____ CALENDAR DAYS (30, IF NOT FILLED IN) FROM THE DATE HEREOF.

X _____

APPLICANT SIGNATURE

DATE

PRINT NAME _____