

RENTAL APPLICATION

A \$30 non-refundable fee is required for investigation.

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

APPLICANT _____ Phone _____ Birthdate: _____

Marital status: ___ single ___ married since (date) _____ divorced since (date) _____ Former spouse _____

SSN: _____ Driver's License number: _____ Issuing State: _____

ADDRESSES

Present address: _____ City/State/Zip _____ Since _____ Rent/month _____

Present Landlord: _____ City/State/Zip _____ Since _____ Phone _____

Is rent up to date? ___ Yes ___ No. Have you given notice? ___ Yes ___ No. Have you been asked to leave? ___ Yes ___ No

Previous Address: _____ City/State/Zip _____ Since _____ Rent/month _____

Previous Landlord: _____ City/State/Zip _____ Since _____ Phone _____

Was rent up to date? ___ Yes ___ No. Have you given notice? ___ Yes ___ No. Have you been asked to leave? ___ Yes ___ No

Next Previous Address: _____ City/State/Zip _____ Since _____ Rent/month _____

Next Previous Landlord: _____ City/State/Zip _____ Since _____ Phone _____

Was /is rent up to date? ___ Yes ___ No. Have you given notice? ___ Yes ___ No. Have you been asked to leave? ___ Yes ___ No

OCCUPANTS

Name: _____ Relationship _____ Birthdate _____

Name: _____ Relationship _____ Birthdate _____

Name: _____ Relationship _____ Birthdate _____

Name: _____ Relationship _____ Birthdate _____

Number to occupy _____ PETS: ___ Yes ___ No. If yes: number of, type of & size _____

CARS

Make/model/color #1 _____ State Lisc. Plate # _____ Lien Holder #1 _____

Make/model/color #2 _____ State Lisc. Plate # _____ Lien Holder #2 _____

EMPLOYMENT

EMPLOYER: _____ Position: _____ Since: _____

Address: _____ City/State/Zip _____

Supervisor: _____ Work hours: _____ Phone number: _____

Previous Employer: _____ Position: _____ Since: _____

Address: _____ City/State/Zip _____

Supervisor: _____ Work hours: _____ Phone number: _____

INCOME

Current income: \$ _____ Weekly/Biweekly/Monthly/Yearly Source: _____

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Bank/Credit Union _____ Acct#: _____ Bank/Credit Union: _____ Acct. # _____

REFERENCES

Relative Address: _____ Relation: _____ Phone: (____) _____

Non-relative Address: _____ Phone: (____) _____

Non-relative Address: _____ Phone: (____) _____

CREDIT ACCOUNTS Current and open accounts, include credit card(s)

Creditors Name: _____ Payment: \$ _____ Current? ____ Yes ____ No Phone _____

Creditors Name: _____ Payment: \$ _____ Current? ____ Yes ____ No Phone _____

Creditors Name: _____ Payment: \$ _____ Current? ____ Yes ____ No Phone _____

Creditors Name: _____ Payment: \$ _____ Current? ____ Yes ____ No Phone _____

Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? ____ Yes ____ No

Has any signer ever been sued for eviction? ____ Yes ____ No

Has any signer ever been bankrupt? ____ Yes ____ No

Has any signer ever been guilty of a felony? ____ Yes ____ No

Has any signer ever broken a lease? ____ Yes ____ No

Is the total move-in amount available now (rent and deposit)? ____ Yes ____ No

Name in which utilities are now billed: _____ acct#: _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Owner 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 PHOTOCOPY OF THIS FORM ANY TIME.

Applicant Signature: _____ Date: _____