

# RENTAL APPLICATION

All adults must complete a separate form application and fee

APPLICANT INFORMATION				
First Name	Middle	Last Name		
If you are known by other names, please list them here:				
Social Security #	Date of Birth	Driver's License / State Issued		
Cell Phone	Work Phone	Email		
OCCUPANCY INFORMATION				
List all people who will reside with the above applicant, including minor children. Anyone listed 18 or over who is not a dependent of the applicant must complete a separate rental application, pay a screening fee, and sign all documents. Include a separate page if needed.				
Name: _____	Relationship: _____	Occupation: _____ Age: _____		
Name: _____	Relationship: _____	Occupation: _____ Age: _____		
Name: _____	Relationship: _____	Occupation: _____ Age: _____		
Are any residents smokers? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you currently have Renter's Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have now or plan to have a waterbed or aquarium over 20 gallons? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do any residents have pet(s): <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many? _____ Describe below the type of pet(s), breed(s), and weight(s): _____				
PERSONAL BACKGROUND HISTORY				
In the past 7 years, have you been convicted of, or do you have any charges pending for, a criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If Yes, describe: _____				
Are you required to register as a sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYMENT / INCOME (Include 3 year history)				
<b>If self-employed in past 3 years, check here <input type="checkbox"/> and attach last 3 tax returns.</b>				
<b>CURRENT EMPLOYER</b>	Position/Title	Start Date	Monthly Income before deductions	
Employer Address		Supervisor / HR Name & Phone		
<b>PRIOR EMPLOYER</b>	Position/Title	Start Date	End Date	Monthly Income
Employer Address		Supervisor / HR Name & Phone		
<b>PRIOR EMPLOYER</b>	Position/Title	Start Date	End Date	Monthly Income
Employer Address		Supervisor / HR Name & Phone		
FINANCIAL INFORMATION				
Name of Bank(s) Used	Phone #	Type(s) of Account(s)		
Current Monthly Financial Obligations: <input type="checkbox"/> Auto Payment(s) \$ _____ <input type="checkbox"/> Credit Cards \$ _____ <input type="checkbox"/> Loans \$ _____				
<input type="checkbox"/> Other \$ _____ Describe _____				
Have you ever petitioned for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been through a foreclosure? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If Yes to either of the above, provide date(s) and State in which the bankruptcy/foreclosure occurred: _____				
Do you know of anything which may interrupt income or ability to pay rent? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If Yes, describe: _____				

# RENTAL APPLICATION

All adults must complete a separate form application and fee

RESIDENCE HISTORY (Include 3 year history, use additional paper if needed)				
CURRENT ADDRESS			City/State/Zip	
Length of Time	Current Landlord Name	Landlord Phone	Apartment Name	Apartment Phone
Reason for Leaving		Monthly Rent	Were you ever late to pay rent? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain:	
PREVIOUS ADDRESS			City/State/Zip	
Length of Time	Previous Landlord Name	Landlord Phone	Apartment Name	Apartment Phone
Reason for Leaving		Monthly Rent	Were you ever late to pay rent? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain:	
PREVIOUS ADDRESS			City/State/Zip	
Length of Time	Previous Landlord Name	Landlord Phone	Apartment Name	Apartment Phone
Reason for Leaving		Monthly Rent	Were you ever late to pay rent? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain:	
EMERGENCY/PERSONAL CONTACTS				
FIRST AND LAST NAME		Relationship	Phone #	
Address		City/State/Zip		
FIRST AND LAST NAME		Relationship	Phone #	
Address		City/State/Zip		
FIRST AND LAST NAME		Relationship	Phone #	
Address		City/State/Zip		

In compliance with the Fair Credit Act, this is to inform you that investigations involving the statements made on this application will be initiated. Any false, fraudulent, or misleading information provided may be grounds for denial of tenancy and/or forfeiture of future lease agreement(s). This application is NOT an agreement to rent and all applications must be approved.

A non-refundable application fee of \$45 is charged by the applicant screening company. A separate email will be sent for this.

I certify that all of the information given above is true and correct. I understand that false, fraudulent or misleading information may be grounds for denial of tenancy and/or forfeiture of my lease agreement.

I hereby authorize the landlord or its agent to verify the information provided in this application including, but not limited to, character reports, civil and/or criminal records, verifying sources of income and rental history. I further give permission to obtain a consumer credit report about me for the purposes of this application, to ensure that I continue to meet the terms of the tenancy, for the collection and recovery of any financial obligations relating to my tenancy, or other permissible purposes related to tenancy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date