



# 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	S.S.
KNOWN BY ANY OTHER NAME OF ALIAS:			
DATE OF BIRTH	MARITAL STATUS	DRIVERS LICENSE #	STATE
PHONE	PHONE	EXT.	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?	
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?	

PROPOSED OCCUPANT(S)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED ANIMALS			
NAME	TYPE/BREED	INDOOR	OUTDOOR
AGE	SEX		
NAME	TYPE/BREED	INDOOR	OUTDOOR
AGE	SEX		
NAME	TYPE/BREED	INDOOR	OUTDOOR
AGE	SEX		

VEHICLE 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	

INCOME		
CURRENT INCOME	SOURCE	PROOF OF INCOME
CURRENT INCOME	SOURCE	PROOF OF INCOME
CURRENT INCOME	SOURCE	PROOF OF INCOME



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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 #
	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER

EMERGENCY / PERSONAL REFERENCE INFORMATION		
EMERGENCY CONTACT	PHONE	PHONE
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE	PHONE
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE	PHONE
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE	PHONE
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE	/ AUTHORIZATION
Has applicant ever been bankrupt?      YES      NO	Is the total move-in amount available now (rent and deposit)?      YES      NO
Has the applicant ever been convicted of a crime      YES      NO	

By signing below, I consent to allow the Landlord through its agents and employees to obtain and verify my credit information, criminal history, investigate consumer report, employment, income and landlord references (without reference to prior eviction history), for the sole purpose of determining whether or not to lease me an apartment. I understand that should I lease an apartment, the landlord shall have a continuing right to review those items in addition to my residency information from any source and may exchange credit information with consumer reporting agencies. I also affirm that this application is true and accurate. I understand that if the above information provided proves false, it will be deemed an event of default under any such lease, or renewal and Landlord/Owners may cancel and annul any lease given in reliance upon such information. **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.**

APPLICANT SIGNATURE/ DATE

X

X

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

I am applying for apartment number \_\_\_\_\_ located at \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_