

RENTAL APPLICATION

APPLICANT

Last Name: _____ First Name: _____ MI: _____
Phone: _____ Work Phone: _____ Email: _____
SS# _____ DOB: _____ Drivers License# _____ State: _____

APPLICANT EMPLOYMENT

Present Occupation: _____ How Long: _____
Employer: _____ Supervisor: _____ Phone: _____
Address: _____ Gross Income Month:\$ _____ Year:\$ _____
Prior Occupation: _____ How Long: _____
Employer: _____ Supervisor: _____ Phone: _____
Address: _____ Gross Income Month:\$ _____ Year:\$ _____

CO - APPLICANT

Last Name: _____ First Name: _____ MI: _____
Phone: _____ Work Phone: _____ Email: _____
SS# _____ DOB: _____ Drivers License# _____ State: _____

APPLICANT EMPLOYMENT

Present Occupation: _____ How Long: _____
Employer: _____ Supervisor: _____ Phone: _____
Address: _____ Gross Income Month:\$ _____ Year:\$ _____
Prior Occupation: _____ How Long: _____
Employer: _____ Supervisor: _____ Phone: _____
Address: _____ Gross Income Month:\$ _____ Year:\$ _____

LIST ALL OCCUPANTS IN ADDITION TO YOURSELF

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

LIST FINANCIAL INFORMATION

Bank Name: _____ Branch: _____

Address: _____ Phone: _____

Account Numbers: Checking _____ Savings: _____

Other Bank: _____

Account Numbers: Checking _____ Savings: _____

Creditor Name: _____ Phone: _____ Monthly Payment: _____

Creditor Name: _____ Phone: _____ Monthly Payment: _____

Creditor Name: _____ Phone: _____ Monthly Payment: _____

VEHICLES

Make: _____ Model: _____ Year: _____ Plate#: _____ State: _____

Make: _____ Model: _____ Year: _____ Plate#: _____ State: _____

Make: _____ Model: _____ Year: _____ Plate#: _____ State: _____

Motor Cycle/Other Vehicle: _____

REFERENCES

Name: _____ Phone: _____

Occupation: _____ City: _____ Known How Long: _____

Name: _____ Phone: _____

Occupation: _____ City: _____ Known How Long: _____

NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

PLEASE ANSWER ALL QUESTIONS WITH YES OR NO

Have you or anyone listed as Occupant ever:

Convicted of a felony?

Yes

No

Do you have pets? Specify breed.

Yes

No

Required to register as sex offender?

Yes

No

Do you or any Occupants smoke?

Yes

No

Have you ever filed for Bankruptcy

Yes

No

Can you give evidence that you are 18 years of age?

Yes

No

Ever been evicted or asked to move?

Yes

No

Do you have water filled furniture?

Yes

No

SIGNATURE

Applicants represent that all of the above statements are true and accurate. Applicants hereby authorize verification of the above items and authorize obtaining a credit report.

Applicant Signature: _____ Phone: _____

Co Applicant: _____ Phone: _____

FOR OFFICE USE

Verification of Income

☐

Employment Verification

☐

Photo ID

☐

Credit Check/ Eviction

☐

Landlord Reference

☐