

RESIDENTIAL RENTAL APPLICATION

Co-Applicant(s) must complete a separate rental application form / Co-Signer(s) must complete a separate Co-Signer Agreement

Address of Rental Property: _____ Beginning on _____, 20____ Rent Amt \$ _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ____Y____N

Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

<u>CURRENT ADDRESS (Required Entry)</u>	<u>PRIOR ADDRESS (Required Entry)</u>
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____	Landlord/Mgmt. Co. _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____
Reason for Leaving: _____	Reason for Leaving: _____

EMPLOYMENT INFORMATION: Employed Full-Time/Part-Time/Student _____ Retired _____ Unemployed _____

Current Employer _____ Tel# _____ Supervisor _____ Dept / Attached to _____

Occupation _____ Rank _____ Hire Date _____

Monthly Salary _____ Position is: Temporary: _____ Permanent: _____

Address _____ Suite _____ City _____ State/Zip _____

Previous Employer (if less than 1 year @ current): _____ Tel# _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Position was: Temporary: _____ Permanent: _____

Address _____ Suite _____ City _____ State/Zip _____

Additional Income (Interest, Child Support, Etc) _____

Pets? Yes ____ No ____ If yes, number, size, and type(s) _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes ____ No ____ Ever been Charged or Convicted of a Crime? Yes ____ No ____

If yes to either of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes No If yes, list name(s) _____

Are you or any other household member a Registered or a Unregistered Sex Offender? Yes No _____

Ever had bedbugs or any other infestation? Yes ____ No ____ If yes, what type of infestation: _____

Do you or any other household member smoke?: Yes ____ No ____

Have you or any other household member filed bankruptcy? Yes No If yes, when: _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Local Contact _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____

