

# APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APARTMENT	RENT	START DATE	AGENT/REFERRED BY
<b>APPLICANT INFORMATION</b>			
LAST NAME	FIRST NAME	M.I.	SSN
BIRTH DATE	HOME PHONE (   )	WORK PHONE (   )	EMAIL
<b>CURRENT ADDRESS</b>			
STREET ADDRESS	CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE (   )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS	CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE (   )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER			
<b>PETS</b>			
PETS?	DESCRIBE (weight, color, breed)		
<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE (   )	START DATE	END DATE
2. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE (   )	START DATE	END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
<b>EMERGENCY CONTACT</b>			
1. NAME	ADDRESS	PHONE (   )	RELATIONSHIP
2. NAME	ADDRESS	PHONE (   )	RELATIONSHIP
<b>PERSONAL REFERENCES</b>			
1. NAME	ADDRESS	PHONE (   )	RELATIONSHIP
2. NAME	ADDRESS	PHONE (   )	RELATIONSHIP

**BACKGROUND INFORMATION**

HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**VEHICLE INFORMATION**

1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE

OTHER VEHICLES

**OTHER INFORMATION**

HOW DID YOU HEAR ABOUT THIS PROPERTY?

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

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(Signed/Applicant)

Date