

Print

Email Form

# RENTAL APPLICATION

(All sections must be completed)



Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Individual Application required for each Adult occupant.

Applicant's Full Name		Last	First	M.I.	Present Home Phone	Date of Birth	Age	Sex
Present Street Address			City	State	Zip			
Present Apartment Name				Apt No.	Move-in Date of Present Residence	Monthly Rent - Now		
Name of Above Property Owner or Apartment Manager						Phone		
Previous Street Address			City	State	Zip	Years in State		
Apartment Name				Apt No.	Move-in Date	Monthly Rent		
Name of Above Property Owner or Apartment Manager						Phone		

Marital Status (check one)      Single       Married       Divorced       Widowed       Separated

Social Security No.	Driver's License No.	State
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Present Employer	Address	City/State	Zip
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Kind of Work	How Long	Work Phone
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Monthly Gross Income	Supervisor's Name	Phone
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Previous Employer (immediately before above)	Address	City/State	Zip
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Kind of Work	How Long	Work Phone
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Monthly Gross Income	Supervisor's Name	Phone
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Height	Weight	Eye Color	Hair Color
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List name, age, relationship of all persons to be occupying unit (including children, relatives, and other occupants)

Name	Age	Relationship
Name	Age	Relationship

List all vehicles to be parked on the premises by applicant, spouse, or children (cars, trucks, recreational vehicles, boats, etc.)

Type of Vehicle	Year	License Number	State
Type of Vehicle	Year	License Number	State

Auto Payment	Acct #	Address	Monthly Payment \$
Visa or Master Card	Acct #	Address	Monthly Payment \$

Checking Account #	Bank	Branch
Savings Account #	Bank	Branch

Why are you leaving your present residence?

Have you ever: Been evicted?	Broken a rental agreement or lease contract?	Declared bankruptcy?
Been sued for nonpayment of rent or damages to rental property?	Been convicted of a felony?	

In case of emergency, notify (other than co-resident)	Work Phone	Home Phone
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Street Address	City / State / Zip	Relationship
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Nearest relative not living with you (other than above)	Work Phone	Home Phone
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Street Address	City / State / Zip	Relationship
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Do you have any pets?     Y     N    Type / Breed    Do any members of your household smoke/use tobacco? (Yes/No)     Y     N

### CORRECT INFORMATION

The undersigned persons represent that all the above statements are true and hereby authorize verification of such information. False information given above shall entitle owner to (1) reject this application, (2) retain deposit(s) as liquidated damages for owners time and expense of processing this application, and (3) terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the law of this state. A deposit in the amount of \$ \_\_\_\_\_ Total (refundable) \$ \_\_\_\_\_, Non-Refundable \$ \_\_\_\_\_ made to hold apartment # \_\_\_\_\_ for a move-in on \_\_\_\_\_. This deposit will be applied on account of the security deposit or cleaning fee, or applied to first months rent. If this application is approved and I fail to occupy said apartment the deposit will be forfeited to cover any expenses incurred by the landlord for rent loss and/or advertising and administrative expenses. If this application is not approved, the deposit designed as refundable will be refunded. I hereby give permission to verify the information on this application. A PRE-HOUSING report will be processed for this application, including a credit report.

Signature of Applicant

Telephone # where you can be reached