

RENTAL APPLICATION

Equal Housing Opportunity

The undersigned hereby n	nakes an applicatior	n to rent the following pro	perty:	
Street Address		City	State	Zip
PLEASE TELL US A	BOUT YOURSELF			
Applicant Name:		Phone N	lumber:	
DOB:	SSN:	Email:		
Dependents Date of Birth:				
Do you have pets: Y / N	If yes, specify:			
Co-Applicant Name:		Phone	Number:	
Co-Applicant DOB:	SSN: _			
Dependents Date of Birth:				
Do you have pets: Y / N	If yes, specify:			
PLEASE GIVE RESID				
Street		City	State	Zip
Month/Year Moved In	Reason	for Leaving		Rent \$
Landlord/Agent			ber:	
Previous Address:Street				
			State	
Landlord/Agent		Phone Num	ber:	
Month/Year Moved In	Reason	for Leaving		Rent \$
Previous Address:				
Street		City	State	Zip
Landlord/Agent		Phone Num	ber:	
Month/Year Moved In	Reason	for Leaving		Rent \$
Previous Address:Street		City	State	 Zip



Landlord/Agent	Phone Number:				
Month/Year Moved In	Reason for Leaving			Rent \$	
PLEASE DESCRIBE YOUR	CREDIT HISTORY				
		Applicant		Co-Applicant	
Have you declared bankruptcy in	the past seven (7) years?	Yes	No	Yes	No
Have you ever been evicted from	a rental residence?	Yes	No	Yes	No
Have you ever had two or more late rental payments in the Past year?		Yes	No	Yes	No
Have you ever willfully or intention When due?	nally refused to pay rent	Yes	No	Yes	No
PLEASE PROVIDE YOUR E	MPLOYMENT INFORM	IATION			
Applicant Employer:		_ Dates Er	mployed:		
Your Status: Full Time Pa	art Time Other				
Job Title:	Sup	ervisor Na	me:		
Phone Number: (If employed less than 12 months	Salary: \$, give name & phone of pre	evious emp	per oloyer)	·	
Co-Applicant Employer:		_Dates En	nployed:		
Your Status: Full Time Pa	art Time Other				
Job Title:	Sup	ervisor Na	me:		
Phone Number: (If employed less than 12 months	Salary: \$, give name & phone of pre	evious emp	per oloyer)		
If you have other sources of inco person. You do not have to revea to consider it in this application.					
Applicant: Amount \$	Source		Phone		
Co-Applicant: Amount \$	Source		Phon	e	



PLEASE LIST YOUR REFERENCE	ES
Name	Phone
Address	Relationship
Name	Phone
	Relationship
ADDITIONAL INFORMATION	
Applicant Driver's License:	
Driver's License Number	State
Co-Applicant Driver's License:	
Driver's License Number	State
Vehicle Information:	
Make / Model	Year
Make / Model	Year
Please give any additional information th	at might help owner/management evaluate this application:
Where may we reach you to discuss this	application?
Applicant Number:	Co-Applicant Number:



AGREEMENT & AUTHORIZATION

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference and/or background check. I understand that false or lack of information may result in the rejection of this application.

Signature of Applicant:		Date:		
Signature of Co-Applicant:		Date:		
OFFICE USE:				
Rental Application Fee: \$(Non-Refundable)	Paid:			