

Date: ___ / ___ / ___

RENTAL APPLICATION

PERSONAL INFORMATION		
<i>Applicant's Full Name:</i>		
Present Home Address:	Phone:	
Cell Phone Number:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Primary Applicant's Relative not living with you (Emergency contact):		
Address:		
Phone Number:	Relationship:	
Names and ages of <u>Children</u> [under 18] to occupy property:		
Others <u>Adults</u> [18 and over] who will occupy property: [Each adult must fill out a separate application.]		
Name: _____	Social Security Number: _____	
Name: _____	Social Security Number: _____	
Name: _____	Social Security Number: _____	
Do you have any pets? <input type="checkbox"/> No <input type="checkbox"/> Yes – What type and how many?		
Does anyone who will be occupying property smoke or use tobacco products? <input type="checkbox"/> No <input type="checkbox"/> Yes?		
Current Landlord:	Address:	Phone:
How long rented? <input type="checkbox"/> Years <input type="checkbox"/> Months	Is rent paid and current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much rent do you currently pay? \$	May we contact your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving present residence?		
Telephone Number of Present Landlord:		
Have you ever been evicted from any leased premises? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Have you ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
EMPLOYMENT INFORMATION		
<i>Applicant's Present Occupation:</i>		
Employer:		
Address:	Phone:	
How long have you been working with this company?:	Shift:	
Weekly income:	Hourly Rate:	Annual income:
When is payday?		
Are you subject to transfer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
VEHICLE INFORMATION		
Vehicle #1: Year	Make:	Model:
	Color:	Tag #:
Vehicle #2: Year	Make:	Model:
	Color:	Tag #:
Vehicle #3: Year	Make:	Model:
	Color:	Tag #:
Any other vehicles:		
REFERENCES – Please supply credit references first, then personal references.		
<i>Primary Applicant's References:</i>		
Name:	Address:	Phone:

<input type="checkbox"/> Credit <input type="checkbox"/> Personal		
Name:	Address:	Phone:
<input type="checkbox"/> Credit <input type="checkbox"/> Personal		
Name:	Address:	Phone:
<input type="checkbox"/> Credit <input type="checkbox"/> Personal		
<i>What bills do you owe?</i>		
Name of Company:		
Total amount owed?	Monthly Payment:	
Name of Company:		
Total amount owed?	Monthly Payment:	
Name of Company:		
Total amount owed?	Monthly Payment:	
Name of Company:		
Total amount owed?	Monthly Payment:	
Name of Company:		
Total amount owed?	Monthly Payment:	
Name of Company:		
Total amount owed?	Monthly Payment:	
Name of Company:		
Total amount owed?	Monthly Payment:	

In order to receive a credit report, please give the following information:

Name: _____ Present Address: _____
City State ZIP Code

Previous Address: _____
City State ZIP Code

Date of Birth: _____ Driver's License No: _____ Social Security No. _____

I hereby acknowledge that all information provided on this application is true to the best of my knowledge.

 Signature of Applicant

 Signature of Management

****Please provide a copy of your Driver's License and Social Security Card.***

*****All adults [18 years of age and over] planning to reside on the premises must fill out a separate application and a credit report must be obtained for each adult.***