

RENTAL APPLICATION

(Applicants are requested to answer all questions fully and clearly. If a question does not apply to you or your other applicants, indicate none or not applicable.)

**RESIDENTIAL
COMMUNITY** _____

**APPLICATION
DATE** _____

**APPLICANTS
NAME** _____

Last First Middle

**DATE OF
BIRTH** _____

Month/Day/Year

**SOCIAL
SECURITY #** _____

**PRESENT
ADDRESS** _____

CITY _____

**STATE/
ZIP** _____

**PRESENT
PHONE** __ (____) _____

**IN WHO'S NAME
IS PHONE LISTED?** _____

**DRIVER'S
LICENSE** _____

Number

State

**DATE APT.
WANTED?** _____

**SIZE APT.
WANTED?** _____

**LOCATION
DISIRED?** _____

**NUMBER OF PERSONS
TO OCCUPY SUITE?** _____

**WHAT RENTAL
RANGE DESIRED?** _____

**GARAGE/CARPORT
DESIRED?** (If available) () Yes () No

MARITAL INFORMATION:

() SINGLE: () MARRIED: () WIDOWED: () DIVORCED: Has there been ANY change in your Marital Status during the past 5 years? () Yes () No (If "Yes" to any of the above, please explain on separate sheet of paper and attach to application.)

**NAME OF SPOUSE
(Or former Spouse)** _____

Last First Middle

**DATE OF
BIRTH** _____

Month/Day/Year

**SOCIAL
SECURITY #** _____

**DATE OF
MARRIAGE** _____

Month/Day/Year

**PLACE OF
MARRIAGE** _____

City State

**NUMBER OF
CHILDREN** _____

**CHILDREN'S
AGES** _____, _____, _____, _____

(List Full Name, Age and Relationship of all persons, other than applicant who will occupy the premises (including Children Relatives and Other Persons).)

NAME _____

Last First Middle

AGE _____

RELATIONSHIP _____

NAME _____

Last First Middle

AGE _____

RELATIONSHIP _____

NAME _____

Last First Middle

AGE _____

RELATIONSHIP _____

NAME _____

Last First Middle

AGE _____

RELATIONSHIP _____

RENTAL RECORD – Past 5 Years:

**Present Residence – (or most recent permanent residence)
ADDRESS** _____

OCCUPANCY

DATES (From – To) _____

Mo./Yr. – Mo./Yr.

RENT \$ _____

**LANDORD'S/MGT. CO
NAME** _____

**AGENT'S
NAME** _____

**AGENT PHONE
(____)** _____

**Previous Residence –
ADDRESS** _____

OCCUPANCY

DATES (From – To) _____

Mo./Yr. – Mo./Yr.

RENT \$ _____

**LANDLORD'S/MGT. CO.
NAME** _____

**AGENT'S
NAME** _____

**AGENT PHONE
(____)** _____

**Previous Residence –
ADDRESS** _____

OCCUPANCY

DATES (From – To) _____

Mo./Yr. – Mo./Yr.

RENT \$ _____

**LANDLORD'S MGT. CO
NAME** _____

**AGENT'S
NAME** _____

**AGENT PHONE
(____)** _____

Why are you leaving your Present Residence? _____

Have you or your Spouse ever:

- A) Been Evicted.
- B) Broken a Rental Agreement of Lease Contract?
- C) Been sued for Non-Payment of Rent or Damages to Rental Property?
- D) Been convicted of a Felony?
- E) Declared Bankruptcy?

- A) () Yes () No
- B) () Yes () No
- C) () Yes () No
- D) () Yes () No
- E) () Yes () No

(If "Yes" to any of the above, please explain on separate sheet of paper and attach to application)

Do you own a Pet? () Yes () No (If yes, List & Describe Each Pet _____)

INFORMATION – Past 5 Years: (If additional space is needed, use separate sheet of paper and attach to application)

APPLICANT

Present (or most recent)

Employer _____ Address _____ Phone (____) _____
Division/ Job Employee Employment
Dept. _____ Title _____ I.D. No. _____ Dates (from-to) _____
Mo/Yr.-Mo/Yr
() Permanent () Permanent How Many Hours () Temporary: Wages \$ _____ Per () Hr: () Wk: () Yr.
Full Time Part Time Per Wk? _____

Previous Employer _____ Address _____ Phone (____) _____
Division/ Job Employee Employment
Dept. _____ Title _____ I.D. No. _____ Dates (from-to) _____
Mo/Yr to Mo/Yr
() Permanent () Permanent How Many Hours () Temporary: Wages \$ _____ Per () Hr: () Wk: () Yr.
Full Time: Part Time Per Wk? _____

Previous Employer _____ Address _____ Phone (____) _____
Division/ Job Employee Employment
Dept. _____ Title _____ I.D. No. _____ Dates (from-to) _____
Mo/Yr to Mo/Yr
() Permanent () Permanent How Many Hours () Temporary: Wages \$ _____ Per () Hr: () Wk: () Yr.
Full Time: Part Time Per Wk? _____

Other Income Source _____ Amount of Income \$ _____ Per () Hr: () Wk: () Yr.

SPOUSE

Present (or most recent)

Employer _____ Address _____ Phone (____) _____
Division/ Job Employee Employment
Dept. _____ Title _____ I. D. No. _____ Dates(from-to) _____
Mo/Yr - Mo/Yr
() Permanent () Permanent How Many Hours () Temporary Wages \$ _____ Per () Hr: () Wk: () Mo: () Yr:
Full Time Part Time Per Wk? _____

Previous Employer _____ Address _____ Phone (____) _____
Division/ Job Employee Employment
Dept. _____ Title _____ I. D. No. _____ Dates (from-to) _____
Mo/Yr - Mo/Yr
() Permanent () Permanent How Many Hours () Temporary Wages \$ _____ Per () Hr: () Wk: () Mo: () Yr:
Full Time: Part Time Per Wk? _____

Other Income Source _____ Amount Of Income \$ _____ Per () Hr: () Wk: () Mo: () Yr:

TRANSFER Are you or your Spouse subject to Transfer? () Yes () No (If "Yes" please explain below.)

CREDIT REFERENCES (Applicant)

BANKING

() CHECKING ACCTS BANK _____ BRANCH _____ ACCT NO _____ ACCT OPEN? () Yes () No
() SAVINGS ACCTS BANK _____ BRANCH _____ ACCT NO _____ ACCT OPEN? () Yes () No
() CONSUMER LOAN LENDER _____ BRANCH _____ LOAN NO _____ ACCT OPEN? () Yes () No

CREDIT CARDS (Visa, Master Charge, Gasoline, Etc.)

COMPANY _____ ACCT NO _____ CURRENT BAL OWED \$ _____ ACCT OPEN? () Yes () No
COMPANY _____ ACCT NO _____ CURRENT BAL OWED \$ _____ ACCT OPEN? () Yes () No
COMPANY _____ ACCT NO _____ CURRENT BAL OWED \$ _____ ACCT OPEN? () Yes () No

TOTAL FINANCIAL OBLIGATIONS \$ _____ TOTAL MONTHLY PAYMENTS \$ _____

VEHICLES

List all Vehicles to be parked on the premises by Applicant, Spouse, Children or other occupants (including cars, trucks, recreational vehicles, motorcycles, trailers, boats, etc.)

TYPE _____ YEAR _____ MAKE _____ LICENSE PLATE _____ No. State REGISTERED TO _____
TYPE _____ YEAR _____ MAKE _____ LICENSE PLATE _____ No. State REGISTERED TO _____
TYPE _____ YEAR _____ MAKE _____ LICENSE PLATE _____ No. State REGISTERED TO _____
TYPE _____ YEAR _____ MAKE _____ LICENSE PLATE _____ No. State REGISTERED TO _____

EMERGENCY INFORMATION:

In case of Emergency, please notify:

NAME _____ Last First Middle RELATIONSHIP _____ PHONE (____) _____
ADDRESS _____ STATE/ZIP _____

In case of Resident's Death or Serious Illness, is the above person authorized to enter the apartment and remove all contents? () Yes () No

In the event of Serious Illness, please contact the following Physician:

NAME _____ PHONE (____) _____
ADDRESS _____ STATE/ZIP _____

My nearest Next of Kin is:

NAME _____ Last First Middle RELATIONSHIP _____ PHONE (____) _____
ADDRESS _____ STATE/ZIP _____

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned represent that all of the above statements are true and complete and hereby authorize verification of such information through credit bureau service or otherwise and to check credit, criminal background, employment, references, organizations or persons to obtain any information pertaining to this application. If accepted, undersigned agrees to execute upon presentation, management's standard lease form upon the terms and conditions therein contained. False or incomplete information given shall be grounds for Management's rejection of this application or termination of applicant's lease and right of occupancy, upon discovery of such false statement, if a lease has been entered into with the undersigned.

Signature of Spouse _____ Date _____ Signature of Applicant _____ Date _____