

# 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

APPLICATION

COMMUNITY: PINEHURST APARTMENTS

DATE \_\_\_\_\_

APPLICANTS

NAME \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_\_  
Month/Day/Year

SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/ZIP \_\_\_\_\_

PRESENT PH.# (\_\_\_\_) \_\_\_\_\_  
CELL PH.# (\_\_\_\_) \_\_\_\_\_

IN WHO'S NAME IS PHONE LISTED? \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_  
Number State

DATE APT. WANTED? \_\_\_\_\_ SIZE APT. WANTED? \_\_\_\_\_

LOCATION DESIRED? \_\_\_\_\_

NUMBER OF PERSONS TO OCCUPY APT? \_\_\_\_\_

WHAT RENTAL RANGE DESIRED? \_\_\_\_\_

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

MARITAL INFORMATION:

( ) SINGLE: ( ) MARRIED: ( ) WIDOWED: ( ) DIVORCED

NAME OF SPOUSE (Or former Spouse) \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_\_  
Month/Day/Year

SOCIAL SECURITY # \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_  
Month/Day/Year

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 \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Last First Middle

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Last First Middle

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Last First Middle

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Last First Middle

RENTAL RECORD – Past 3 Years:

Current Residence – (or most recent permanent 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 (\_\_\_\_) \_\_\_\_\_

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. A) ( ) Yes ( ) No
- B) Broken a Rental Agreement of Lease Contract? B) ( ) Yes ( ) No
- C) Been sued for Non-Payment of Rent or Damages to Rental Property? C) ( ) Yes ( ) No
- D) Been convicted of a Felony or currently charged with a Felony? D) ( ) Yes ( ) No
- E) Declared Bankruptcy? 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 3 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 Full Time     Permanent Part Time    How Many Hours \_\_\_\_\_  Temporary:    Wages \$ \_\_\_\_\_ Per ( ) Hr: ( ) Wk: ( ) Yr.  
 Per Wk? \_\_\_\_\_  
 Previous  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Division/ Job \_\_\_\_\_ Employee \_\_\_\_\_ Employment  
 Dept. \_\_\_\_\_ Title \_\_\_\_\_ I.D. No. \_\_\_\_\_ Dates (from-to) \_\_\_\_\_  
 Mo./Yr to Mo/Yr  
 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 Full Time     Permanent Part Time    How Many Hours \_\_\_\_\_  Temporary    Wages \$ \_\_\_\_\_ Per ( ) Hr: ( ) Wk: ( ) Mo: ( ) Yr:  
 Per Wk? \_\_\_\_\_  
 Previous  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Division/ Job \_\_\_\_\_ Employee \_\_\_\_\_ Employment  
 Dept. \_\_\_\_\_ Title \_\_\_\_\_ I. D. No. \_\_\_\_\_ Dates (from-to) \_\_\_\_\_  
 Mo/Yr - Mo/Yr  
 Permanent Full Time:     Permanent Part Time    How Many Hours \_\_\_\_\_  Temporary    Wages \$ \_\_\_\_\_ Per ( ) Hr: ( ) Wk: ( ) Mo: ( ) Yr:  
 Per Wk? \_\_\_\_\_  
 Other  
 Income Source \_\_\_\_\_ Amount Of Income \$ \_\_\_\_\_ Per ( ) Hr: ( ) Wk: ( ) Mo: ( ) Yr:

**EMERGENCY INFORMATION:**

In case of Emergency, please notify:  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 Last First Middle  
 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 \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 Last First Middle  
 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 \_\_\_\_\_