## RENTAL APPLICATION

(Each co-resident must submit a separate application)

Тос	lay's Date:	Occupancy Date Desired:						
Тур	pe/Size Desired:	d: Unit # Shown:						
Rei	ntal Price Range:							
APPLICANT'S PERSONAL INFORMATION								
Las	t Name:		_ First:	Mid	dle:			
Birthdate: Driver's License/ID Number/State:								
Social Security #:Email address:								
Cu	rrent Phone #:							
Spouse Last Name:F		First:	_First:Middle:					
Birthdate: Driver's License/ID Number/State:								
Soc	cial Security #:		Email ad	dress:				
Cu	rrent Phone #:							
Additional Occupants (List every occupant name and their relationship below, including children)								
	Last	First	Middle	Relationship	Birthdate			
1								
2								
3								
Do you have renter's insurance? Have you ever refused to pay rent for any reason? Have you ever broken a lease? Have you ever refused to pay rent for any reason? Have you ever been evicted or asked to leave a rental unit? Ever filed for bankruptcy? Ever been convicted of a crime Will you give us permission to do a criminal background check? Currently have any utilities in your name? Currently have phone service in your name? Is there anything to prevent you from placing utilities or phone in your name? Do you know of anything or any reason which may interrupt your ability to pay rent? Do you currently have a savings account, line of credit, or charge card sufficient to cover one month's rent?								
RESIDENCE HISTORY Present Street Address								
Cit	у		State	Zip				
Dates lived at this address? Own Rent Occupy								
How many pets did you have? Type								
Name of present landlord/owner/mortgage company:								
Address of present landlord/mortgage company:								

Landlord's phone:	e: Monthly payment:						
Reason for moving:	ing: Is your rent/mtg current?						
Number of late payments? _	Security Deposit Amount currently held by landlord?						
Previous Residence Addre	ss:						
Previous landlord:	Previous landlord's phone:						
Dates at this address:	Reason for moving?						
Was your Full Security Dep	. Returned?# of late payments? Monthly payment?						
INCOME HISTORY Applicant's current employm Full-time Part-time (I Unemployed Other Primary source of employed	ess than 32hrs) Student Retired Self-employed _						
Applicant employed by:	Supervisor's name:						
Average Weekly hours: How long at this place of employment?							
Address:		_					
City:	State: Zip:						
Phone:	Position:Salary:						
Please indicate Weekly, Bi-Weekly, Monthly, or Annual Average Take home:							
Additional Employment							
Employed by:	Supervisor's name:						
Average Weekly hours:	How long at this place of employment?						
Address:		_					
City:	State: Zip:						
Phone:	Position: Salary:						
Please indicate Weekly, Bi-Weekly, Monthly, or Annual Average Take home:							

## **ADDITIONAL INCOME: (optional)**

If there are additional, verifiable sources of income you would like considered, Please list income source (i.e., self-employment, social security, benefit payments, etc.), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source:	Amount:\$	_Per
Contact person:	Phone:	
How long have you been receiving income from this source? How long do you expect this income continue?		
Additional Source:	Amount:\$	_Per
Contact person:	Phone:	
How long have you been receiving income from this source? How long do you expect this income continue? Is there any reason it would stop?		
ASSETS / LOANS Number of vehicles on property? Valid registra Do you have any commercial vehicles, RV, ca	ation & inspection?	rcycles?
Vehicle 1-make/model/color/year Please note, only cars on application are authorized to be on p	premises.	
Plate number	_State	
Financed/leased through		
Contact and phone number		
Acct. # Mor	nthly payment	
Vehicle 2-make/model/color/year Please note, only cars on application are authorized to be on p	premises.	
Plate number	_ State	
Financed/leased through		
Contact and phone number		
Acct. # Mon	nthly payment	
Name of Nearest Living Relative:		
Name		
Address		
Relationship?	Phone	

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary?\_\_\_\_\_

## THANK YOU!

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following which will be copied and attached to this application:

- \_\_\_\_ Driver's License or Sheriff's picture ID. Note: rentals will not be shown without picture ID
- \_\_\_ Personal check (to verify bank)
- \_\_\_ 2 weeks of most current pay stubs of each income source listed
- \_\_ If self-employed, most current Schedule C tax return and proof of current income

A fee of **\$35** is charged on all rental applicants (**\$70 for couple**) for the purpose of verifying the information furnished on this application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary. This fee is **nonrefundable**.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant's signature:	Date:

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_