



APPLICATION TO RENT

Complete separate application for each adult tenant.

Name: _____ Social Security #: _____

LAST **FIRST** **MIDDLE**
 Drivers Lic./ID #: _____ State: _____ Birth date: _____
MONTH-DAY-YEAR

Home Phone: _____ Work Phone: _____ Cell Phone: _____

CURRENT

Address: _____

STREET **UNIT #** **CITY** **STATE** **ZIP**

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt.\$ _____

Owner/Manager: _____ Tel: _____

Reason for Leaving: _____

PREVIOUS

Address: _____

STREET **UNIT #** **CITY** **STATE** **ZIP**

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt.\$ _____

Owner/Manager: _____ Tel: _____

Reason for Leaving: _____

SECOND PREVIOUS

Address: _____

STREET **UNIT #** **CITY** **STATE** **ZIP**

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt.\$ _____

Owner/Manager: _____ Tel: _____

Reason for Leaving: _____

CURRENT EMPLOYMENT

Company Name: _____ Address: _____ Salary/Mo: _____

Company Phone: _____ Position: _____ Type of Business: _____

Name of Supervisor: _____ Dates of Employment-From: _____ To: _____

PREVIOUS EMPLOYMENT

Company Name: _____ Address: _____ Salary/Mo: _____

Company Phone: _____ Position: _____ Type of Business: _____

Name of Supervisor: _____ Dates of Employment-From: _____ To: _____

WHEN DO YOU PLAN TO MOVE IN? Date: _____

Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via check made payable to which check shall accompany this Application. Such payment is a part of the application process and there is a charge for the administrative costs of application consideration. If applicant's check is returned "NSF", owner shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No: _____ at _____

for \$ _____ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ _____ and a security deposit in the amount of \$ _____.

Applicant Signature: _____ Date: _____

LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY THE UNIT – Please put “F” for full time or “P” for part time after each name.

If this box is checked there shall be no additional occupant(s).

Name: _____ Age: _____ Relationship: _____

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ADDITIONAL INFORMATION

1. Have you ever had any credit problems? **YES** **No**
2. Have you ever had any unlawful detainer filed against you? **YES** **No**
3. Have you ever been evicted for non-payment of rent or for any other reason? **YES** **No**
4. Have you ever filed bankruptcy? **YES** **No**
5. Have you ever been convicted of a felony? **YES** **No**
6. Do you have any pets? **YES** **No** If Yes, how many? _____
Describe: _____
7. Will you be using any water-filled furniture in your residence? **YES** **No** If Yes, do you have insurance coverage? **YES** **No**
8. Do you have any musical instruments? **YES** **No** If yes, what kind? _____
9. Do you smoke? **YES** **No** Does any other proposed occupant smoke? **YES** **No**
10. Please explain “YES” answers:

BANKING INFORMATION

Name of Bank/S&L/Credit Union: _____ Branch or Address: _____

Checking #: _____ Aprox. Bal: _____

Savings #: _____ Aprox. Bal: _____

Name of Bank/S&L/Credit Union: _____ Branch or Address: _____

Checking #: _____ Aprox. Bal: _____

Savings #: _____ Aprox. Bal: _____

Other Sources of Income: _____

CREDIT REFERENCES (Credit Card/Car Payments/Other Loans)

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

EMERGENCY CONTACT

Name: _____ Address: _____

Relationship: _____ Phone: _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Are you the registered owner? **YES** **No** If not, who? _____

Year _____ Make _____ Model _____ Color _____ License # _____ State _____

Year _____ Make _____ Model _____ Color _____ License # _____ State _____

Do you have Automobile Insurance? **YES** **No**