



RENTAL APPLICATION

(Each co-resident must submit separate application)

(Community Name)

Unit Type/Style

Unit Address

DATE _____
(When This Form is Filled Out)

Applicant's Full name				Date of Birth	Social Security #	Applicant's email address	
Single	Married	Widowed	Separated	From Whom	Divorced	From Whom	
Spouse's Name				Date of Birth	Social Security #		
Other Occupants Name				Age	Relationship		
Name				Age	Relationship		
Name				Age	Relationship		
Pet	Type			Size			

RESIDENTIAL HISTORY

(Please use a separate sheet of paper if necessary.)

Present Address City, State, Zip			Phone#	
Apartment Name/Mortgage Holder		Address		
City, State, Zip		Phone #	Move In Date	Move Out Date
Monthly Payment		Reason for Moving		
Previous Address			Phone #	
City, State, Zip				
Apartment Community/mortgage Holder		Address		
City, State, Zip		Phone #	Move In Date	Move Out Date
Monthly Payment \$		Reason for Moving		
Have you, or your co-applicant ever been threatened with an eviction from any leases premises?				
If yes, please explain.				

EMPLOYMENT HISTORY

Present Employer			Position	
Business Address			Phone #	
Approximate Gross Yearly Income \$		Employed From	To	Supervisor
Previous Employer			Position	
Business Address			Phone #	
Approximate Gross Yearly Income \$		Employed From	To	Supervisor
Spouse's Employer			Position	
Business Address			Phone #	
Approximate Gross Yearly Income \$		Employed From	To	Supervisor

CREDIT REFERENCES

Bank		Branch	
Savings Account #		Checking Account #	
Auto Loans: Company Name		Address	Account #
Mortgage Account #			
Credit Cards: Company Name		Account #	
Company Name		Account #	
Have you ever declared bankruptcy?	If yes, please give details.		

PERSONAL REFERENCES (Please list name and phone number)

1)		4)	
2)		5)	
3)		6)	
In case of emergency, contact	Relationship	Phone #	

VEHICLE INFORMATION

Total Number of Vehicles to be Parked at Residency:			
1) Year	Color	Make/Model	License Tag #
Registered To			
2) Year	Color	Make/Model	License Tag #
Registered To			
If Guarantor Application, Relationship to Resident			
How did you hear about us?		If Resident Referral, Please Give Name.	

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, and validate accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the even of default of the lease agreement for collection or skip tracing purposes.

I/We hereby deposit with owner/agent the sum of \$_____ as a security deposit and \$_____ as a non-refundable screening fee, on the premises listed below. I/We understand that the security deposit will be retained by the management if this application is approved and I am unable to fulfill the conditions of occupancy. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.

Signature _____ Date _____

Signature _____ Date _____

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OFFICE USE

Driver's License #/State		Spouse Driver's License #/State		Application Taken By	
Address				Rental Amount \$	
Occupancy Date		Leases Date		To	
Type Apartment		Special Comments			
Approved	Declined	Date	By		