

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate application.

Spouses may submit a joint application

Date when filled out: _____

ABOUT YOU Full name (exactly as on driver's license or govt. ID card)

Your street address (as shown on your driver's license or government ID card)

Driver's license # and state: _____

OR govt. photo ID card #: _____

Former last names (maiden and married): _____

Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye Color: _____ Hair Color: _____

Marital Status:

single married divorced widowed separated

Current home address (where you now live): _____

City/State/Zip: _____

Phone: (_____) _____ Current monthly rent: \$ _____

Name of apartment where you now live: _____

Current owner or manager's name: _____

Their phone: _____ Date moved in: _____

Why are you leaving your current residence: _____

Your previous home address: _____

City/State/Zip: _____

Apartment name: _____

Name of above owner or manager: _____

Their phone: _____ Previous Monthly rent: \$ _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: _____

Position: _____

Your gross monthly income is over: \$ _____

Date you began this job: _____

Supervisor's name and phone _____

Previous employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____

Position: _____

Gross monthly income was over: \$ _____

Dates you began and ended this job: _____

Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY Your bank's name, city, state: _____

List major credit cards: _____

Your other non-work income you want considered. Please explain: _____

Have you or your spouse ever owned a home? Yes No

Past credit problems you want to explain. (List separate page.)

YOUR RENTAL/CRIMINAL HISTORY Have you, your spouse, or any occupant listed above ever: been evicted or asked to move out? broken a rental agreement or lease contract? declared bankruptcy? been sued for nonpayment of rent? been sued for damage to rental property? been convicted of a felony? received deferred adjudication for a felony? been arrested for a felony which has not been finally adjudicated (by dismissal, acquittal or conviction)? Please indicate the year, location and type of each felony. We may need to discuss more facts before making a decision. _____

You represent the answer is "no" to any item not checked above.

YOUR SPOUSE Full Name: _____

Former last names (maiden and married): _____

Spouse's Social Security #: _____

Driver's license # and state: _____

Or govt. Photo ID card #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye Color: _____ Hair Color: _____

Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____

Position: _____

Date began job: _____ Gross monthly income is over: \$ _____

Supervisor's name: _____

Supervisor's phone: (_____) _____

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card #: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card #: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card #: _____

Birthdate: _____ Social Security #: _____

YOUR VEHICLES List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

OTHER INFORMATION

Will you or any occupant have an animal? yes no

Kind, weight, breed, age: _____

Do you smoke or does any occupant smoke? yes no

How were you referred? Stopped by Rental guide (name):

Rental agency or locator service name: _____

Agent's name: _____

Friend (name): _____

Newspaper (name): _____

Other: _____

EMERGENCY Emergency contact person over 18, who will not be living with you:

Name: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____

Home phone: (_____) _____

Relationship: _____

If you are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more):

the above person, your spouse, and/or your parent or child to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION I or we authorize (owner's name) _____

to verify the above information by all available means. Owner is not required to reverify or investigate preliminary findings.

Applicant's signature _____

Spouse's signature _____

You must also sign the Application Agreement on the back side of this Application.

Applicant must also sign on the reverse side of this Application.