

APPLICATION TO RENT

APPLICANT INFORMATION																			
(LEGAL) Last Name				First		Middle		Soc. Sec. #		Date of Birth									
Other Names Used			Drivers License #/State			Email Address			Contact Phone Number										
Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB			3	Full Name	Relationship	DOB									
	2	Full Name	Relationship	DOB			4	Full Name	Relationship	DOB									
Pets to occupy unit: Attach separate sheet if needed	1	Name	Type	Weight			2	Name	Type	Weight									
RESIDENCE HISTORY																			
Present Address				City		State		Zip		From _____ To _____		Monthly Pmt \$							
Landlord Name				<input type="checkbox"/> Mortgage Co		<input type="checkbox"/> Apartment Community		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Employer/Corp Housing		<input type="checkbox"/> Independent Landlord		<input type="checkbox"/> Own <input type="checkbox"/> Rent					
				Landlord Daytime Phone:				Landlord Evening Phone:											
Previous Address				City		State		Zip		From _____ To _____		Monthly Pmt \$							
Landlord Name				<input type="checkbox"/> Mortgage Co		<input type="checkbox"/> Apartment Community		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Employer/Corp Housing		<input type="checkbox"/> Independent Landlord		<input type="checkbox"/> Own <input type="checkbox"/> Rent					
				Landlord Daytime Phone:				Landlord Evening Phone:											
EMPLOYMENT HISTORY																			
Current Employer				Monthly Salary \$				Supervisor's Name				How long? Yrs Mos							
Address				City		State		Zip		Phone				Occupation/Department					
<input type="checkbox"/> Previous Employer				<input type="checkbox"/> 2 nd job				Monthly Salary \$				Supervisor's Name				How long? Yrs Mos			
Address				City		State		Zip		Phone				Occupation/Department					
ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder																			
Amount \$				per				Sources											
VEHICLE INFORMATION																			
Auto #1		Year		Make		Model		License State		License Number									
Auto #2		Year		Make		Model		License State		License Number									
EMERGENCY INFORMATION																			
Nearest Relative			Relationship			Address			City		State		Zip		Phone ()				
Emergency Contact			Relationship			Address			City		State		Zip		Phone ()				
Personal Reference			Relationship			Address			City		State		Zip		Phone ()				

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Signed _____
Applicant

Dated _____

Signed _____
Landlord

_____ Position

Dated _____

