

## APPLICATION TO RENT

APPLICANT INFORMATION									
(LEGAL) Last Name First Middle					Soc. Sec. #			Date of Birth	
Other Names Used		Driver's 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			
Animal(s) 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 Payment \$	
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 Payment \$	
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? Years Months	
Address City State Zip				Phone		Occupation/Department			
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 <sup>nd</sup> job				Monthly Salary \$		Supervisor's Name		How long? Years Months	
Address City State Zip				Phone		Occupation/Department			
<b>ADDITIONAL INCOME</b> – 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 ( )		

You are hereby advised that a screening may be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Landlord or Landlord's agent to conduct the screening of information contained in this application.

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.

Signed \_\_\_\_\_  
Applicant

Dated \_\_\_\_\_

Signed \_\_\_\_\_  
Landlord

Position

Dated \_\_\_\_\_

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

