

Renter Consultation



Renter Information

First Name..... Last Name.....
Phone..... Email.....
Co-Applicant..... Last Name.....
Phone..... Email.....

Questionnaire

Why are you moving?.....
When do you need to move?.....
What type of home are you looking for? Townhouse Villa Single Family Condo
What is your monthly budget for your rental payment?.....
How many beds/baths?BedsBaths How many occupants?AdultsChildren
Special requirements/restrictions?.....
.....
Do you have any pets? YES NO Type..... Breed..... Weight.....
What areas are you interested in?.....
.....
Are you looking to be in a specific school district?.....
What specific features are you looking for? (priorities).....
.....
Do you own any trucks, vans, motorcycles or commercial vehicles?.....
Are you currently employed? PT FT SELF-EMP OTHER.....
What is your gross monthly income?..... Can you pay first, last & sec?.....
Have you ever been evicted or owe money to a rental community?.....
Do you currently have a housing voucher? YES NO Willing to check background? YES NO
Which properties have you seen that you liked?.....
.....
What days/times are best for you to view properties? MON..... TUES.....
WED..... THURS..... FRI..... SAT..... SUN.....
What is your preferred method of communication? PHONE EMAIL TEXT
If you find a property you love, are you prepared to submit an offer to lease now? YES NO
LEAD SOURCE.....