

# Rental Application

## Applicant information

Name: First	Middle	Last	Birth date	Social security #
<input type="text"/>				
Email address:		Home phone	Cell phone	Driver's license #
<input type="text"/>				
All other occupants (under 18):		Birth date	Relationship to applicant	
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

## Rental history

### Current residence

Address	City	State	ZIP
<input type="text"/>			
Monthly rent	Dates of residency (From/To)	Reason for moving	
<input type="text"/>			
Owner/Manager's name	Phone number		
<input type="text"/>			

### Previous residence

Address	City	State	ZIP
<input type="text"/>			
Monthly rent	Dates of residency (From/To)	Reason for moving	
<input type="text"/>			
Owner/Manager's name	Phone number		
<input type="text"/>			

## Employment history

### Current employer

	Occupation	
<input type="text"/>		
Employer address	Employer's phone	Dates of employment
<input type="text"/>		
Name of supervisor	Monthly pay	
<input type="text"/>		

### Previous employer

	Occupation	
<input type="text"/>		
Employer address	Employer's phone	Dates of employment
<input type="text"/>		
Name of supervisor	Monthly pay	
<input type="text"/>		

## Credit history

	Bank/Institution	Balance on deposit or Balance owed
Checking account	<input type="text"/>	
Savings account	<input type="text"/>	
Credit card	<input type="text"/>	
Auto loan	<input type="text"/>	
Additional debt:	<input type="text"/>	

## References

Name	Phone Number	Relationship

## General information

Have you ever been late or delinquent on rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please explain why.

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, list type, breed, weight, and age.

Why are you moving from your current address?

Is there anything negative in your credit or background check you want to comment on?

Rental application fee: \$ ☐ Paid

## Additional questions:

## Agreement & Authorization

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference, and/or background check. I understand that false or lack of information may result in the rejection of this application.

Signature of applicant:

Date: