

TENANT QUALIFICATION APPLICATION

NAME: _____

SOCIAL SECURITY & DOB: _____

SPOUSE: _____

SOCIAL SECURITY & DOB: _____

UNIT BEING APPLIED FOR: _____

MONTHLY RENT AMT: _____

Plus Utilities Checked:

GAS: Heat Cooking Hot water
ELECTRIC: Heat Cooking Light Hot water
WATER: SEWAGE: OIL: GARBAGE:
OTHER: _____

1. PRESENT ADDRESS:

(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____

Monthly Payment Date Lease Expires Time at Address
\$ _____ Years _____ Months _____

PRESENT LANDLORD

Name: _____

Street Address: _____

(CITY) (STATE) (ZIP CODE)

Phone: _____

2. List all previous addresses and landlords in the past 5 years:

Landlord Name: _____

Street Address: _____

(CITY) (STATE) (ZIP CODE)

Phone: _____

Time at Address: Years: _____ Months: _____ Mo. Pymt: \$ _____

Landlord Name: _____

Street Address: _____

(CITY) (STATE) (ZIP CODE)

Phone: _____

Time at Address: Years: _____ Months: _____ Mo. Pymt: \$ _____

3. PRESENT EMPLOYER:

(NAME)

(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____

Time at Current Job: Department: Occupation

Years: _____ Months: _____

Gross Monthly Pay: Net Monthly Pay: Are Your Currently Laid Off?

\$ _____ \$ _____ Yes No

4. SPOUSES EMPLOYER

(NAME)

(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____

Time at Current Job: Department: Occupation

Years: _____ Months: _____

Gross Monthly Pay: Net Monthly Pay: Are Your Currently Laid Off?

\$ _____ \$ _____ Yes No

5. OTHER MONTHLY INCOME

Social Security \$ _____ Date Received _____

SSI \$ _____ Date Received _____

Pension \$ _____ Date Received _____

U.E. Comp. \$ _____ When Received _____
(weekly, bi-weekly, monthly)

Workman Comp. \$ _____ Date Received _____

Welfare \$ _____ When Received _____
(weekly, bi-weekly, monthly)

Food Stamps \$ _____ When Received _____
(weekly, bi-weekly, monthly)

Alimony \$ _____ Date Received _____

Child Support \$ _____ Date Received _____

Other, Explain \$ _____ When Received _____

6. DEPENDENTS AND MARITAL STATUS

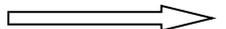
Self Age _____ Spouse Age _____

Married Single Separated

7. PLEASE LIST THE NAMES OF THE PEOPLE TO RESIDE IN THE RENTAL UNIT

Adults: (18 years of age and older)

Children: (under 18 years of age)

OVER 

TENANT QUALIFICATION APPLICATION

8. PLEASE LIST THE NEAREST RELATIVE WE MAY CONTACT IN THE CASE OF AN EMERGENCY.

Name: _____

Street Address: _____

(CITY)

(STATE)

(ZIP CODE)

Phone: _____

Relationship: _____

9. PLEASE ANSWER THE FOLLOWING

- A. Have you been denied credit within the past 12 months?
YES NO
- B. Have you been delinquent in rent for more than 30 days?
YES NO
- C. Have you been delinquent with any creditor more than 60 days?
YES NO
- D. Has any landlord filed an eviction action against you?
YES NO
- E. Have you ever been arrested for criminal activity?
YES NO
- F. Does your landlord know that you are planning to move?
YES NO

10. AUTOMOBILE INFORMATION:

Make: _____ Model: _____ Year: _____

Plate No: _____ Drivers License No: _____

11. OPEN CREDIT

BANK/CREDIT UNION ACCOUNT BALANCE

SAVINGS ACCOUNT ACCOUNT BALANCE

CREDIT CARDS MO. PMT. ACCOUNT BALANCE

AUTOMOBILES FINANCED:

MISCELLANEOUS INFORMATION:

NOTICE

Section I

Read this section carefully **before** you complete and submit this Tenant Qualification Application. You understand you **must be qualified** as an **acceptable tenant before a lease agreement is signed by you and Bob Cocco Properties LLC, otherwise known as Landlord. The tenant qualification fee is non refundable whether the application is approved, rejected, or cancelled.** Before you are accepted as an applicant, you agree that we may:

- (1) Investigate the information you give in this Tenant Qualification Application.
- (2) Investigate any other information learned from the investigation of this application.
- (3) Determine if you were ever arrested for any criminal activity.
- (4) Determine if there were police calls to quell disturbances caused by you and/or guest.
- (5) Obtain credit report to determine you credit payment history. Delinquent credit history may be a cause for non-approval.
- (6) All wages and income must be verified.
- (7) Present and previous landlords may be verified in order to determine promptness of rental payments, housekeeping habits and damage caused by you, your family, guests and invitees and any other lease violations.

SECTION II

- (a) You do not have any pets and must have written consent of landlord **before** any pet is brought into the rental unit.
- (b) Upon being notified that you have been accepted as a tenant, you are required to sign a lease agreement within **48 hours from the date of notification.** Failure to do so shall terminate landlord's duty to conclude a lease agreement with you.
- (c) Escrow Deposit and rents due must be paid in full at the time of signing the lease agreement.

I/we agree and accept all of the conditions in Section I and II and submit this Tenant Qualification for Consideration.

Accepted by:

Signature: _____

Date: _____

Signature: _____

Date: _____