

Tenant Application

Date:	/	/	
Property:			

*A copy of your driver's license, recent pay stub or W2 must be submitted with application. A \$35.00 application fee is required for each adult applicant. Do not falsify any information. All applications will be thoroughly verified for accuracy.

Applicant Information 1	1														
Last Name		irst Name				Single/ Married			e of Birth		Social Security Number				
Current Street Address		Apt.#		City		William	. -	State		Zip		Phone			
Manager/Landlord	Manager's		anager's I	Phone	Number	Rent		Begi	inning D	ate	Ending Da	ite	Reason for Leaving		
Previous Street Address	Previous Street Address Apt.#		ot.#			City		State			Zip		Phone		
Manager/Landlord	Manager/Landlord Manager		anager's l	Phone Number Rent			Beginning Date		ate	Ending Date		Reason for Leaving			
Employment Information	Employment Information														
Employer		Street Address			City						State Zip		Phone		
Position	S	Supervisor's Name			Salary per		·	Begi	ginning Date E		End	ling Date Reaso		on for leaving	
Previous Employer (If above < 2 yrs.	.)	Street Address			City		•				State Zip		Phone		
Position	5	Supervisor's Name			Salary per		Begi	eginning Date		End	ling Date Reas		eason for leaving		
Applicant Information 2										Į.					
Last Name	Firs	t Name			Middle Name				Single/ Male/ Married Female		Date of Birth			Social Security Number	
Current Street Address			Ap	ot.#	City					Sta	ate Zip		Phone		:
Manager/Landlord			Ma	anager's I	Phone	Number	Rent		Begi	inning D	ate	Ending Da	ate Reaso		teason for Leaving
Previous Street Address			Aŗ	ot.#	(City		State			Zip		Phone	
Manager/Landlord	Manager/Landlord		Ma	anager's I	ger's Phone Number R		Rent		Beginning Date		ate	Ending Date		Reason for Leaving	
Employment Information															
Employer		Street Addres	is				City					State	Zip		Phone
Position	Supervisor's Name			Salary per		·	Begi	Beginning Date E		End	ing Date	Reason for leave		eaving	
Previous Employer (If above < 2 yrs.	oyer (If above < 2 yrs.) Street Address				City				State 2			Zip	Zip Phone		
Position	Supervisor's Name			Salary per		Begi	eginning Date En		End	ing Date	te Reason for leav		eaving		
Personal References Name															
			KCI					ars Kii							
Street Address			Apt.#								State		Zip		
Name		Rela	ationship to Tenant				Years known			Phone Number					
Street Address			Apt.#	# City							Stat	State		Zip	
Co-Inhabitants (List all individuals who wi			will	be livi	living with tenant) Relationship to Tenant					Male/Female					Age
Name				Relationship to Tenant					Male/Female					Age	
Name Relationship to Tenant Male/Female Age															
Have you ever been evicted, had a landlord judgement issued against you or had a garnishment against your wages? Yes No If yes, please															
explain:															
Do you have pets? ☐Yes	· 🗆	No If yo	es, v	vhat kin	ıd?										
I hereby authorize Delta Management or their assigns to verify my past & present employment records, bank accounts, credit history and previous tenancy. This information will be used by the agency collecting it or its assigns in determining whether you qualify as a prospective tenant under its program. It will not be disclosed outside the agency except as required or permitted by law. You do not have to provide this information but if you do not, your application may be denied or rejected. If you are rejected in part or in whole because of credit issues, you have the right to contact credit services regarding your credit history at 1-800-632-1765. We will be unable to discuss your credit history with you.															
This application is made subject to the owner's approval and may be disapproved without designating cause. No representations, promise, or agreements as to occupancy, lease or date of possession have been made and this application shall not be construed as a lease or agreement.															
Signature:	Signature: Date:														
Signature:											Da	ate:			

