



www.aagla.org

# APPLICATION TO RENT

Please Complete Separate Application for Each Adult Applicant.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*LAST FIRST MIDDLE INIT.*

a/k/a, If Other Than Legal Name: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*MONTH - DAY - YEAR*

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*STREET UNIT # CITY STATE ZIP CODE*

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid Month: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner/Manager Email Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

1<sup>st</sup> Previous Address: \_\_\_\_\_  
*STREET UNIT # CITY STATE ZIP CODE*

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid Month: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner/Manager Email Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2<sup>nd</sup> Previous Address: \_\_\_\_\_  
*STREET UNIT # CITY STATE ZIP CODE*

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid Month: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner/Manager Email Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
CURRENT EMPLOYMENT:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employment Date - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employment Date - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

**WHEN DO YOU PLAN TO MOVE IN? Date:** \_\_\_\_\_

Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_

for \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For purposes of credit and rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.**

If this box is checked there shall be no additional occupant(s).

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- 1. Have you ever had any credit problems?  YES  NO
- 2. Have you ever had an unlawful detainer filed against you?  YES  NO
- 3. Have you ever been evicted for non-payment of rent for any other reason?  YES  NO
- 4. Have you ever filed for bankruptcy?  YES  NO
- 5. Have you ever been convicted of a felony?  YES  NO
- 6. Do you have any animals?  YES  NO

If Yes, how many? \_\_\_\_\_ Describe: \_\_\_\_\_

- 7. Will you be using any water-filled furniture in your residence?  YES  NO

If Yes, do you have insurance coverage?  YES  NO

- 8. Do you have any musical instruments?  YES  NO

If Yes, what kind? \_\_\_\_\_

- 9. Do you smoke?  YES  NO

Does any other proposed occupant smoke?  YES  NO

- 10. Please explain any "YES" answers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANKING INFORMATION:**

Name of Bank or Credit Union: \_\_\_\_\_ Branch or Address: \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal.: \_\_\_\_\_

Savings #: \_\_\_\_\_ Approx. Bal.: \_\_\_\_\_

Name of Bank or Credit Union: \_\_\_\_\_ Branch or Address: \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal.: \_\_\_\_\_

Savings #: \_\_\_\_\_ Approx. Bal.: \_\_\_\_\_

Other Sources of income: \_\_\_\_\_

---

**CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans):**

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

---

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

---

**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles):**

Are you a registered owner?  YES  NO

If NO, who? \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_