

★ Date of Application \_\_\_\_\_



# RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).  
Please fill out this form **COMPLETELY** and sign where indicated.

## PERSONAL INFORMATION

FIRST NAME		MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH / /		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____			DRIVERS LICENSE #	STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME		PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK		EMAIL		
PRESENT HOME ADDRESS				CITY/STATE/ZIP		
LENGTH OF TIME		PRESENT LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING			AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP		
LENGTH OF TIME		PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING			AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS HOME ADDRESS				CITY/STATE/ZIP		
LENGTH OF TIME		NEXT PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING			AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
None Allowed			
		<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	
		<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	

## VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

## EMPLOYMENT

CURRENT EMPLOYER		OCCUPATION	HOURS/WEEK
SUPERVISOR		PHONE - - EXT:	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP	
CURRENT EMPLOYER		OCCUPATION	HOURS/WEEK
SUPERVISOR		PHONE - - EXT:	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP	

## INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

