Property Address:	



Received on:	(date)
at:	(time)
by:	(initials)

Residential Lease Application

Each occupant and co-applicant 18 years or older must submit a separate application

Anticipated Move in Date: Security Deposit: Applicant was referred to Landlord by: Real Estate Agent: Newspaper Sign Internet Other: Applicant's name (First, Middle, Last): Is there a co-applicant? Applicant's former last name (Maiden or Married): Email: Home Phone: Work Phone: Emergency Contact Name & No.: Marital Status: Citizenship: Citizenship: Citizenship: Drivers License No.: In: Date of Birth: Height: Eye Color: Hair Color: Name: Relationship: Age: Relationship: Age: Name: Relationship: Age: Apt #: (City, State, Zip) Landlords Name: Landlords Phones: (aday) (cell) (cell) (cell) (email)	Property Address:			
Security Deposit: Applicant was referred to Landlord by: Real Estate Agent: Newspaper Sign Internet Other: Applicant's name (First, Middle, Last): Is there a co-applicant? Yes No (if yes, co-applicant must submit a separate application) Applicant's former last name (Maiden or Married): Email:		e: Monthly Rent:		
□ Real Estate Agent: □ Newspaper □ Sign □ Internet □ Other: Applicant's name (First, Middle, Last): Is there a co-applicant? □ Yes □ No (if yes, co-applicant must submit a separate application) Applicant's former last name (Maiden or Married): Email: Home Phone: Email: Home Phone: Cell Phone: Emergency Contact Name & No.: Cell Phone: (Country) Marital Status: Citizenship: (Country) Social Security No.: In: (State) Date of Birth: Height: Weight: Eye Color: Hair Color: Name all other persons who will occupy the property: Name: Age: Name: Relationship: Relationship: Relationship: Relati	•			
□ Newspaper □ Sign □ Internet □ Other: Applicant's name (First, Middle, Last): Is there a co-applicant? (if yes, co-applicant must submit a separate application) Applicant's former last name (Maiden or Married): Email: Work Phone: Emergency Contact Name & No.: Marital Status: Social Security No.: Drivers License No.: In: Height: Height: Weight: Eye Color: Name all other persons who will occupy the property: Name: Relationship: Relationship: Relationship: Age: Name: Age: Apt #: (City, State, Zip) Landlords Name: Landlords Phones: [(day)] (cell) [(might)] (cell) [(might)] [(migh	Applicant was referred to	c Landlord by:		
Is there a co-applicant?		☐ Sign ☐ Internet ☐ Other:		
Is there a co-applicant?	Applicant's name (First, N	Middle, Last):		
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Work Phone: Emergency Contact Name & No.: Marital Status: Citizenship: Citizenship	Email:	Home Phone:		
Emergency Contact Name & No.: Marital Status: Citizenship: (Country) Social Security No.: Drivers License No.: In: (State) Date of Birth: Height: Weight: Eye Color: Hair Color: Name all other persons who will occupy the property: Name: Relationship: Age: Name: Relationship: Age: Name: Relationship: Age: Landlords Current Address: Apt #: (City, State, Zip) Landlords Name: Landlords Phones: (day) (night) (cell) (email) Date moved-in: Move out date: Rent \$:	Work Phone:	Call Phone:		
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Name: Relationship: Age: Name: Relationship: Age: Applicants Current Address: Apt #: (City, State, Zip) Landlords Name: (day) (night) Landlords Phones: (cell) (email) Date moved-in: Move out date: Rent \$:	Name:	Relationship:	Ag	ge:
Name: Relationship: Age: Age: Age: Age: Age: Age: Age: Age	Name:	Relationship:	Ag	ge:
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Landlords Name: Landlords Phones: (City, State, Zip) (night) (cell) (email) Date moved-in: Move out date: Rent \$:	Name:	Relationship:	Ag	ge:
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Landlords Name: Landlords Phones: (day) (cell) (cell) Date moved-in: Move out date: Rent \$:	Applicants Current Addre	ess:	Apt	: #:
Landlords Phones: (day) (night) (cell) (email) Date moved-in: Move out date: Rent \$:			(Cit	ty, State, Zip)
Date moved-in: (cell) (email) Move out date: Rent \$:				
Date moved-in: Move out date: Rent \$:	Landlords Phones:			
			D	(email)
	Reason for move:	wiove out date:	kent \$:	

Property Address:			
Applicants Previous	s Address:		Apt #:
Landlords Name:			(City, State, Zip)
Landlords Phones:	(day)		(night)
	(cell)		(email)
Date moved-in:	Move out date:	Re	ent \$:
Reason for move:			
Applicants Current	Employer:		
Address:			(6) 6" 7"
Supervisor Name:		Phone:	_ (Street, City, State, Zip)
Fax:		Email	
Employed: From Position:		Gross Monthly Income:	
Applicants Previous Address:			
Address:			(Street, City, State, Zip)
Supervisor Name:		Phone:	_ (31. 334) 314), 314, 314
Fax:		Email	
Employed: From Position:	: To:	Gross Monthly Income:	
Describe other inco	ma applicant wants considered.		
Describe other inco	me applicant wants considered:		
Banks Name and Ph	none Number at which Landlord may verify gc	ood funds for any rent, fee, o	r deposit:
	_		
Type	e parked on the Property: <u>Year</u> <u>Make</u>	Model License Plate	e# <u>Color</u>
<u> 1 </u>	rear waxe	/State	<u> </u>

Property Address:								
List all pets to be kept on the Property	(dogs, cat	ts, birds,	reptiles, f	ish, and ot	her pets):			
	Pet 1			Pet 2				
Type & Breed	Type & Breed							
Name								
Color								
Weight								
Age				_				_
Gender				_				_
Neutered?	Yes		No		Yes		No	
Declawed?	Yes		No		Yes		No	
Shots Current?	Yes		No		Yes		No	
Has the applicant ever:							Yes	No
Been evicted?								
Been asked to move out by a Landlord	?							
Breached a lease or rental agreement?								
Filed for bankruptcy?								
Lost property in a foreclosure?								
Had any credit problems?								
Been convicted of a crime?								
Is any occupant a registered sex offend								
Are there any criminal matters pending								
Is there additional information applica	nts want o	considere	ed?					
Authorization & Representation: Applicany tenancy, to: (1) obtain a copy of Appliand any occupant; and (3) verify any rer this application with persons knowledge application are true and complete. Application and a breach of any lease. Notice: Unless agreed otherwise in writ continue to show the Property to other	olicants cr tal, empl table of su icant und	edit repo oyment, uch infori erstands roperty r	ort; (2) ob or crimin; mation. <u>A</u> that prov emains oi	tain a crim al history o pplicant re iding false n the mark	inal background or verify any control or inaccurate et until a leas	und check other info it the state e informa	related to rmation re ements in t tion is grou	Applicant lated to <u>this</u> unds for
and the second s	p. 00p 00t.			, , , , , , , , , , , , , , , , , , ,				
Fees: Applicant submits a non-refundab application. Applicant submits a holding return to Applicant if application is deni decide to cancel.	fee of \$3	00 to be	applied to	the Secu	rity Deposit u	ıpon exec	ution of a l	ease or
Applicants Signature						Da	ate	
		For Lan	ıdlord's U	se:				
On						(name) notified A	pplicant
		by	□ phone	, □ mail, □	☐ email, ☐ in	person, t	hat Applica	ant was
☐ approved, ☐ not approved. Reason	for disap	proval: _						