



# 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 OCCUPANTS

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PETS / SERVICE ANIMALS

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	SERVICE ANIMAL	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	SERVICE ANIMAL	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	SERVICE ANIMAL	AGE

## VEHICLES INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
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



## CREDIT CARD / FINANCIAL INFORMATION

## EMERGENCY / PERSONAL REFERENCE INFORMATION

## APPLICANT QUESTIONNAIRE / AUTHORIZATION