|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | |
| Name (First MI Last): | | | | | | | SSN: | | | | |
| Date of birth: | | Email: | | | | | | | Phone: | | |
| Current address: | | | | | | | | | | | |
| City: | | State: | | | | | | | ZIP Code: | | |
| Current Monthly Payment: | | | | # of Years: | | | | | | | |
| Pets (please describe, incl. breed and weight): ❏ YES ❏ NO | | | | | | | | | Smoking: ❏ YES ❏ NO | | |
| Employment Information | | | | | | | | | | | |
| Current employer: | | Occupation: | | | | | | | | # of Years: | |
| Employer address: | | | | | | | | | | | |
| Gross Monthly Income: | | | | Supervisor/ Employer Email: | | | | | | | |
| Verification Contact: HR or Supervisor Name: | | | | | | Phone #: | | | | | |
| Co-Applicant Information | | | | | | | | | | | |
| Name: | | | D.O.B. | | | | | SSN: | | | |
| Current Address: | | | | | | | | | | | |
| Occupation/Employer: | | | | | Mo. Income: | | | | | | # of Years: |
| Other persons who would occupy the unit | | | | | | | | | | | |
| Full Name: | | Relationship: | | | | | | | Age: | | |
| Full Name: | | Relationship: | | | | | | | Age: | | |
| Other Information | | | | | | | | | | | |
| Number of Vehicles: | Make/Model: | | | | | | | | | | |
| **Has the Applicant or Applicants:**  Filled for Bankruptcy ❏ YES ❏ NO Been Served an Eviction Notice ❏ YES ❏ NO  Refused to Pay Rent ❏ YES ❏ NO Been Sued for Unlawful detainer ❏ YES ❏ NO | | | | | | | | | | | |
| Unit Information | | | | | | | | | | | |
| Interested in Unit Type: | | Interested in Unit Numbers: | | | | | | | | | |
| Desired Move in Date: | | Desired Lease Length: | | | | | | | | | |

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.

All information is true, accurate and complete to the best of applicant’s knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

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APPLICANT FULL NAME (PRINTED) CO- APPLICANT FULL NAME (PRINTED)

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE/DATE CO-APPLICANT SIGNATURE/DATE

*If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.*