



APPLICATION FOR TENANCY

Please Print

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

Address of Rental Premises: _____ Apt. # **116**

How did you learn about this rental? _____

First Name: _____ Middle Name: _____ Last Name: _____

Social Security #: **Do Not Provide Here** Birthdate: _____ Driver's License #: _____

Phone #: _____ Work Phone #: _____ Email: _____

Present Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Dates you lived at this address... From: _____ To: _____ Are you being evicted? ☐ Yes ☐ No

Landlord's Name: _____ Landlord's Phone #: _____

Reason for moving from current address: _____

Previous Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

How long did you live at this address? _____ Were you evicted? ☐ Yes ☐ No

Landlord's Name at this address: _____ Landlord's Phone #: _____

Current Employer: _____ How long employed?: _____

Name of Supervisor: _____ Supervisor's Phone #: _____

Address of where you work: _____

Do you operate a home-based business? ☐ Yes ☐ No If yes, please list the businesses you operate: _____

Total monthly income from all sources (List sources separately): \$ _____

Will someone co-sign this lease with you? ☐ Yes ☐ No

Will you be receiving any form of income assistance or a rental voucher? ☐ Yes ☐ No If yes, list contact information for agency and case worker below:

Agency: _____ Case Worker: _____ Phone #: _____

Have you ever been summoned to landlord-tenant court? ☐ Yes ☐ No (If yes, please explain on reverse side of form.)

Have you ever filed for bankruptcy? ☐ Yes ☐ No (If yes, please explain on reverse side of form.)

Have you ever been convicted of a felony? ☐ Yes ☐ No and/or Are you a convicted sex offender? ☐ Yes ☐ No

How many police calls took place at your present address during the last 12 months? _____

Do you or any person that will be living with you smoke? ☐ Yes ☐ No

Pets: ☐ Yes ☐ No Type: _____ Number of: _____ Breed(s): _____ Weight: _____

Please list the names of ALL persons that will be living with you at this address and provide the information as indicated for each person: (If necessary, list additional persons on reverse side of form.)

First Name: _____ Mid Int: _____ Last Name: _____ Soc Sec #: **Do Not Provide Here** Relationship to You: _____

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First Name: _____ Mid Int: _____ Last Name: _____ Soc Sec #: **Do Not Provide Here** Relationship to You: _____

Authorization to Verify Information and Credit: I hereby authorize the rental property owner or their designee to verify any and all information on this application, on a criminal report and/or on a credit report or decision report. I, the undersigned, authorize the rental property owner and/or manager to obtain resident screening information from Grand Slam Investigations, www.tenanthistorywebsite.org or other credit bureaus or online sources, which MAY include credit history, rental history, employment history, criminal history, sexual offender history and terrorist information. This information may also be used for collection and garnishment purposes. **Truthful and Correct:** The undersigned hereby makes this application to rent a property and certifies the information and answers provided on this application are truthful and correct. **Unit Upgrades:** Please note that the premises will be turned over to the applicant in the same condition it was during the showing. Any agreements beyond this made with the leasing agent, management or the owner must be in writing and approved by the property manager or owner. **Delay:** The property manager or owner shall not be liable for the failure to have the rental unit available on the anticipated commencement date.

The application fee is \$ **FREE** and is non-refundable. Signature of Applicant: _____ Date: _____