www.aagla.org

APPLICATION TO RENT

Please Complete Separate Application for Each Adult Applicant.

Name: _____ **Social Security No.:**_____
LAST FIRST MIDDLE INIT.

a/k/a, If Other Than Legal Name: _____

Driver's License/ID #: _____ **State:** _____ **Birthdate:** _____
MONTH - DAY - YEAR

Home Phone #: (____) _____ **Work Phone #:** (____) _____ **Cell Phone #:** (____) _____

Email: _____

Current Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ **To:** _____ **Last Rent Paid Month:** _____ **Amt:** $_____

Owner/Manager: _____ **Telephone #:** _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

1st Previous Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ **To:** _____ **Last Rent Paid Month:** _____ **Amt:** $_____

Owner/Manager: _____ **Telephone #:** _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

2nd Previous Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ **To:** _____ **Last Rent Paid Month:** _____ **Amt:** $_____

Owner/Manager: _____ **Telephone #:** _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

CURRENT EMPLOYMENT:

Company Name: _____ **Address:** _____

Company Phone #: _____ **Occupation:** _____ **Type of Business:** _____

Name of Supervisor: _____

Employment Date - From: _____**To:** _____ **Monthly Salary:** _____

PREVIOUS EMPLOYMENT:

Company Name: _____ **Address:** _____

Company Phone #: _____ **Occupation:** _____ **Type of Business:** _____

Name of Supervisor: _____

Employment Date - From: _____**To:** _____ **Monthly Salary:** _____

WHEN DO YOU PLAN TO MOVE IN? Date: _____

Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. _____ at _____

_____

for $ _____ per month and upon approval of my Application and signed Rental Agreement, I

agree to pay the first month's rent of $ _____ and a security deposit in the amount of

$ _____.

Applicant Signature _____ **Date** _____

For purposes of credit and rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.

☐ **If this box is checked there shall be no additional occupant(s).**

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

Name: _____ **Age:** _____ **Relationship:** _____

ADDITIONAL INFORMATION:

1. Have you ever had any credit problems? ☐ YES ☐ NO
2. Have you ever had an unlawful detainer filed against you? ☐ YES ☐ NO
3. Have you ever been evicted for non-payment of rent for any other reason? ☐ YES ☐ NO
4. Have you ever filed for bankruptcy? ☐ YES ☐ NO
5. Have you ever been convicted of a felony? ☐ YES ☐ NO
6. Do you have any animals? ☐ YES ☐ NO

   If Yes, how many? _____ Describe: _____

7. Will you be using any water-filled furniture in your residence? ☐ YES ☐ NO

   If Yes, do you have insurance coverage? ☐ YES ☐ NO

8. Do you have any musical instruments? ☐ YES ☐ NO

   If Yes, what kind? _____

9. Do you smoke? ☐ YES ☐ NO

   Does any other proposed occupant smoke? ☐ YES ☐ NO

10. Please explain any "YES" answers. _____

_____

_____

_____

_____

BANKING INFORMATION:

Name of Bank or Credit Union: _____ **Branch or Address:** _____

Checking #: _____ **Approx. Bal.:** _____

Savings #: _____ **Approx. Bal.:** _____

Name of Bank or Credit Union: _____ **Branch or Address:** _____

Checking #: _____ **Approx. Bal.:** _____

Savings #: _____ **Approx. Bal.:** _____

Other Sources of income: _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans):

Company Name: _____ **Address/City:** _____

Account #: _____ **Present Balance:** _____ **Monthly Payment:** _____

Company Name: _____ **Address/City:** _____

Account #: _____ **Present Balance:** _____ **Monthly Payment:** _____

Company Name: _____ **Address/City:** _____

Account #: _____ **Present Balance:** _____ **Monthly Payment:** _____

Company Name: _____ **Address/City:** _____

Account #: _____ **Present Balance:** _____ **Monthly Payment:** _____

EMERGENCY CONTACT:

Name: _____ **Address:** _____

Relationship: _____ **Phone #:** (_____) _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles):

Are you a registered owner? ☐ YES ☐ NO

If NO, who? _____

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____ **License #:** _____ **State:** _____

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____ **License #:** _____ **State:** _____