



APPLICATION TO RENT

Complete separate application for each adult tenant.



1 Name: _____ Social Security #: _____
LAST FIRST MIDDLE

2 Driver's Lic./ID #: _____ State _____ Birthdate _____
MONTH — DAY — YEAR

3 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Email: _____

CURRENT

Address: _____
STREET UNIT # CITY STATE ZIP

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

Owner/Manager _____ Tel: _____ Reason for Leaving _____

4 PREVIOUS

Address: _____
STREET UNIT # CITY STATE ZIP

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

Owner/Manager _____ Tel: _____ Reason for Leaving _____

5 SECOND PREVIOUS

Address: _____
STREET UNIT # CITY STATE ZIP

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

Owner/Manager _____ Tel: _____ Reason for Leaving _____

CURRENT EMPLOYMENT

Company Name _____ Address _____

Company Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

PREVIOUS EMPLOYMENT

Company Name _____ Address _____

Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - 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 & 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 _____

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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 or for any other reason? ☐ Yes ☐ No

4. Have you ever filed 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/S&L/Credit Union _____ Branch or Address _____

Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____

Name of Bank/S&L/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 the registered owner? ☐ Yes ☐ No If not who? _____

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

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