



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 OCCUPANT(S)

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

PROPOSED PET(S)

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

VEHICLE(S) 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

