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# 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: \_\_\_\_\_

1<sup>st</sup> 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: \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_

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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 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: \_\_\_\_\_