



WOODRIDGE APARTMENTS
RENTAL APPLICATION



Applicant's Full Name: _____ Age: _____

Have you gone by ANY other names? _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

Telephone Number: _____ Cell Phone Number: _____

Present Address: _____ Zip: _____

_____ Marital Status: _____

Reason for Moving: _____

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

Co-Applicant's Name: _____ Age: _____

Has Co-Applicant gone by Any Other Names? _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

Telephone Number: _____ Cell Phone Number: _____

Present Address: _____ Zip: _____

_____ Marital Status: _____

Reason for Moving: _____

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

*OFFICE USE ONLY: Verified Current Picture I.D. & one other type: YES _____ NO _____ Initials: _____

Others in the Household:

Table with 4 columns: (Name), (Sex), (Age), (Relationship). Includes three rows of blank lines for data entry.

Please list close relatives or friends as personal references:

Table with 3 columns: NAMES, RELATIONSHIP, ADDRESS. Includes two rows of blank lines for data entry, each with a 'Phone:' label.

Applicant's Employer: _____ PHONE: _____

Employer's Address: _____ Supervisors Name: _____
_____ Hourly or Monthly Income: _____

Length of Employment: _____ Reason for Leaving: _____

Other Source(s) of Income: _____

Previous Employer: _____ PHONE: _____

Employer's Address: _____ Supervisors Name: _____
_____ Hourly or Monthly Income: _____

Length of Employment: _____ Reason for Leaving: _____

Spouse/Co-Applicant's Employer: _____ PHONE: _____

Employer's Address: _____ Supervisors Name: _____
_____ Hourly or Monthly Income: _____

Length of Employment: _____ Reason for Leaving: _____

Other Source(s) of Income: _____

Spouse/Co-Applicant's Employer: _____ PHONE: _____

Employer's Address: _____ Supervisors Name: _____
_____ Hourly or Monthly Income: _____

Length of Employment: _____ Reason for Leaving: _____

Other Source(s) of Income: _____

References: Please LIST credit references; Business names, Addresses and Telephone numbers:

****Person to be notified in case of an emergency: Name: _____ ****

Address: _____

Phone Number: _____

Relationship: _____

What is your preferred Moving date if selected? _____

Please provide the best phone number you can be reached at? () _____

Please LIST below Current and former rental addresses within the past 10 years:

(Primary Applicant's Rental Address)

(Name, Address & Telephone # of Owner/Mgr.)

(Circle One)

- Have you or co-applicant ever been bankrupt? YES or NO
- Has applicant(s) ever been guilty of a felony? YES or NO
- Has applicant(s) ever broken a lease? YES or NO
- Has applicant(s) ever been brought into court by another landlord? YES or NO
- Has applicant(s) ever moved owing rent or damaged an apartment? YES or NO
- Is the total move-in amount available now (rent and deposit)? YES or NO

I/WE certify the above information is True and Correct and understand that this application may be denied if any information is found to be incorrect. I/WE authorize Woodridge Apartments to verify and obtain credit reports, verify landlords, employment, criminal reports and other references relating to this application process. Applications missing or omitted information will not be processed.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

Signature of Spouse/Co-Applicant: _____ Date: _____

Print Full Name: _____

INCOME AND EXPENSES INFORMATION

1.) Salary/Wages:

List Gross amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips, bonuses. Indicate source and Individual receiving that income:

- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____

2.) Net Income from Business, Professional, Real Estate or Person Property:

- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____

3.) Social Security/ S.S.I. Payments:

- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____

4.) Pensions, Annuities, Retirements funds, IRA Accounts and Interests:

- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____

5.) All other Income: Include ALL OTHER INCOME from other sources, such as Unemployment, Disability Compensation, Severance Pay, Alimony, Child Support, Regular Re-occurring Contributions or Gifts of Money, Educational Grants, Scholarships, V.A. Benefits, Regular Pay, Special Pay, Food-share, and Allowances for Head of Household in Armed Forces, Public Assistance, A.F.D.C, Welfare programs or any other resources:

- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____
- \$ _____ Monthly from _____ Applicant _____

6.) Child Care Expenses: List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed. \$ _____ Monthly

Applicant's signature: _____ Date: _____

Co-Applicant's signature: _____ Date: _____