RPI,LLC RENTAL APPLICATION

| Newspaper Referral | | | Other | : | | | |
|---------------------------------|------------------------------|---------------------------------------|-----------|----------|---------------------------------------|--------------|---------------------------------------|
| PERSONAL INFORMATION: | | | | | | | |
| Applicant's Full Name: | | | | | | | |
| Have you ever used another na | | | | | | | |
| Driver's License #: | | State | Date | of Birth | n: | | |
| Social Security Number: | | | | - | | | |
| Primary Phone #:() | <u> </u> | · · · · · · · · · · · · · · · · · · · | Type: | Home | Cell | Work | Other |
| Secondary Phone #:() | <u> </u> | | Type: | Home | Cell | Work | Other |
| E-mail Address: | | | | | | | |
| List any other persons who w | | | | | | | |
| NAME | AGE | RELATION | SHIP | | | | |
| NAME | AGE | RELATION | SHIP | | | | |
| NAME | AGE | RELATION | SHIP | | | | |
| Do you have pets? Yes / No | If yes, ho | ow many? | What ty | /pe(s)?_ | | | |
| Breed(s)? | | Ger | nder(s) | | | | |
| Age(s)? Weig | Weight(s)? Animal License #: | | | | | | |
| Do you, or any of the people w | vho will be | residing in this | s unit sm | oke? | Yes / | No | |
| Do you have any special need | ls or requir | ements that we | e need to | be awa | re of? | Yes / | No |
| If yes, please be specific: | | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
| Name of nearest living relative | e: | | | | | | |
| Phone: | | | | | | | |
| Who should we contact in cas | se of emerg | jency? | | | | | |
| Phone: | R | delationship: | | | | | |
| | | | | | lni | tial | |
| RESIDENCE HISTORY | | | | | | | |

RPI,LLC

| Current Address: | | |
|---|-------------------|-----------------------|
| City: | State: | Zip: |
| How long at this address? From: | To: | Rent/Mrtg. Amount: \$ |
| Current Landlord or mortgage holder: | | Telephone: |
| Reason for moving: | | |
| Is your lease expired? Y / N If not, when | ı is your lease e | xpiration date? |
| Previous Address #1: | | |
| City: | State: | Zip: |
| How long at this address? From: | To: | Rent/Mort. Amount: \$ |
| Previous Landlord or Mortgage Holder: | | Telephone: |
| Reason for moving: | | |
| Previous Address #2: | | |
| City: | State: | Zip: |
| How long at this address? From: | To: | Rent/Mort. Amount: \$ |
| Previous Landlord or Mortgage Holder: | | Telephone: |
| Reason for moving: | | |
| Have you ever been the subject of an eviwas actually filed? Yes / No If yes, please explain, including dates, reproperty owner and property manager: | • | |
| | | Initial |

CRIMINAL HISTORY:

- 1. Have you or any other intended occupant, including minors, ever been charged (whether or not resulting in a conviction) or convicted, or pleaded guilty or "no contest" to a felony?

 Yes / No
- 2. Have you or any other intended occupant, including minors, ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct or the manufacturing of drugs whether or not resulting in a conviction? Yes / No
- 3. Are you or any other intended occupant, including minors, required to register as a Violent or Sex Offender in any jurisdiction? Yes / No

| EMPLOYMENT INFORM | ATION (Current and Most Re | ecent): | |
|----------------------------|---|------------------------|---------------------------------------|
| Employer #1: | | Start Date | End Date |
| Employers Address: | | Telephone | ə: |
| Position: | Monthly Income: | Supervisor: | |
| Employer #2: | | Start Date | End Date |
| Employers Address: | | Telephone | e: |
| Position: | Monthly Income: | Supervisor: | |
| Reason for Leaving (if app | olicable): | | |
| Employer #3: | | Start Date | End Date |
| Employers Address: | | Telephone | ə: <u> </u> |
| Position: | Monthly Income: | Supervisor: | |
| Reason for Leaving (if ap | olicable): | | · · · · · · · · · · · · · · · · · · · |
| Other sources of incomo | e (include financial aid, socia e, etc.) | al security, loans, mu | tual funds, stocks, |
| 1) | | \$ | / Mo |
| 2) | | \$ | / Mo |
| 3) | | \$ | / Mo |
| 4) | | \$ | / Mo |
| | | | Initial |

| BANKING & | CREDIT INFORMATI | ON: | | | | |
|------------------------------|-----------------------------|---------------------------------------|----------|--------------|--------------|---------------------------------------|
| Bank: | ınk: | | | | one: | |
| Checking Acc | cking Acct # Savings Acct # | | | | | |
| Have you eve | er filed bankruptcy? | Yes / No If yes, | please 6 | explain: | | |
| Are there any | y judgments against | you? Yes / No | If yes, | please expla | in: | |
| List financial support, etc. | l obligations (include) | e student loans, c | redit ca | rds, auto or | home loans | , child |
| 1) | | · · · · · · · · · · · · · · · · · · · | | \$ | | / Mo |
| 2) | | · · · · · · · · · · · · · · · · · · · | | \$ | | / Mo |
| 3) | | | | \$ | | / Mo |
| 4) | | | | \$ | | / Mo |
| 5) | | | | \$ | | / Mo |
| 1 | E INFORMATION: | | | | | |
| Please provi | de a copy of registra | tion for each veh | icle | | | |
| Make: | Model: _ | | _VIN #_ | | | |
| Year: | Color: | Plate State: _ | | _ Plate #: | | |
| Make: | Model: _ | | _VIN #_ | | | |
| Year: | Color: | Plate State: _ | | _ Plate #: | | · · · · · · · · · · · · · · · · · · · |
| REFERENCE | <u>:S:</u> | | | | | |
| List persona | l references not alrea | ady listed on app | lication | (teachers, a | dvisors, bus | inesses, etc) |
| 1) <u>Name</u> | | Relation | | <u>Ph</u> | one | |
| 2) <u>Name</u> | | Relation | | Ph | one | |
| 3) <u>Name</u> | . | Relation | | Ph | one | |
| Applicant Sig | gnature: | | | Date:_ | | |