



# 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:
Date of Birth:	SSN:	Phone:
Driver License#	Driv Lic State:	Email:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Since _____ <input type="checkbox"/> Divorced Since _____		
Current Home Address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Is your present rent up to date? YES NO (please circle or highlight one)		
Current Landlord:	Landlord Phone Number:	
Previous Home Address: <b>if less than 3 years at current address</b>		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
Reason for Leaving:	Previous Landlord:	Phone:
Was your present rent up to date? YES NO (please circle or highlight one)		
Next Previous Home Address: <b>if less than 2 years at previous address</b>		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
Reason for Leaving:	Previous Landlord:	Phone:
Was your present rent up to date? YES NO (please circle or highlight one)		

## PROPOSED OCCUPANT(S)

Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:

## PROPOSED PET(S) – for location specify indoor or outdoor

Name:	Type/Breed	Location:	Age:
Name:	Type/Breed	Location:	Age:
Name:	Type/Breed	Location:	Age:

## VEHICLE(S) INFORMATION

Year:	Make:	Model:	Color:	Plate:	State:
Year:	Make:	Model:	Color:	Plate:	State:

## EMPLOYMENT

Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:



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## INCOME

Current Income \$	Source:	Proof: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$	Source:	Proof: <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMERGENCY / PERSONAL REFERENCE INFORMATION

Emergency Contact:		
Relationship:	Phone Cell/Home:	Phone Work:
Address:		
City:	State:	ZIP Code:
Emergency Contact:		
Relationship:	Phone Cell/Home:	Phone Work:
Address:		
City:	State:	ZIP Code:
Emergency Contact:		
Relationship:	Phone Cell/Home:	Phone Work:
Address:		
City:	State:	ZIP Code:

## APPLICANT QUESTIONNAIRE / AUTHORIZATION

QUESTION	YES	NO
Has applicant ever been sued for bills?		
Has applicant ever been bankrupt?		
Has applicant ever been guilty of a felony?		
Has applicant ever broken a lease?		
Has applicant ever been locked out of their apartment by the sheriff?		
Has applicant ever been brought to court by another landlord?		
Has applicant ever moved owing rent or damaged an apartment?		
Is the total move-in amount available right now (rent and deposit)?		

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR PHOTOCOPY OF THIS FORM AT ANY TIME.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

*If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.*



## Background Check Authorization

I hereby authorize \_\_\_\_\_ on behalf of TurnKey Investments, Inc. , its affiliates and/or agents to procure a Consumer Report, as defined in the federal Fair Credit Reporting Act, about me for purposes of evaluating my application for service or for tenant purposes.

***By providing the information below, and by my voluntary signature, I hereby acknowledge that I have reviewed, understand, and agree with, the above Background Check Consent and this Authorization.***

Last Name

First Name

Middle Name Suffix

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Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Address, City, State Zip

**X**

Applicant Signature Date

\_\_\_\_\_  
(MM-DD-YYYY)

For purposes of evaluating your application for volunteer service or for tenant purposes, TurnKey Investments, Inc, its affiliates and/or agents may obtain a Consumer Report, as defined in the federal Fair Credit Reporting Act, from a consumer reporting agency. To include, but not limited to: Consumer Credit Report and State Driving Record aka MVR report Depending upon the position for which you are applying, the consumer reporting agency may investigate, and the Reports may include information about your driving record, including any such information maintained in all public records. You further agree to immediately report any license suspensions, serious accidents or offenses, or any other condition to my pastor, principal, or supervisor that may affect my ability to drive a vehicle.