

RESIDENTIAL RENTAL APPLICATION

* SMOKE FREE PROPERTY *

1. RENTAL UNIT REQUESTED

Address Applied For:	Suite/Unit #:	Date Required:
Monthly Rent: \$	Parking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease: <input type="checkbox"/> Fixed <input type="checkbox"/> Periodic

2. PRIMARY APPLICANT

Full Name:	DOB (MM/DD/YYYY):
Email / Phone:	SIN (Optional):
Employer / Occupation:	Gross Monthly Income: \$
Address / Time at Address:	Supervisor Name/Number:

3. CO-APPLICANT

Full Name:	DOB (MM/DD/YYYY):
Email / Phone:	SIN (Optional):
Employer / Occupation:	Gross Monthly Income: \$
Address / Time at Address:	Supervisor Name/Number:

4. ADDITIONAL FORMS OF INCOME YOU WOULD LIKE TO MENTION

Source / Description: _____ Monthly Amount: \$ _____

5. ADDITIONAL OCCUPANTS (OTHERS)

Name: _____ Age: ____ Name: _____ Age: ____

6. REFERENCES & PETS

Landlord: _____ Phone: _____ Reason for Move: _____

Pets? No Yes - What Type Breed and Size?: _____**7. VEHICLES**

Make/Model/Year: _____ # of Spaces Required: _____

8. AUTHORIZATION

I permit Split Rock Properties to obtain a credit report and contact references. A 1/2 month's rent deposit is required to secure the suite if approved.

Applicant Signature: _____ Co-App Signature: _____