



## APPLICATION TO RENT

**THE PROPERTY**

**HOLDING DEPOSIT:**

COMPLEX NAME	ST. NO.	ST. NAME	BLDG# UNIT#
PARKING SPACE #	CITY	STATE	ZIP
RENT \$	NO. OF BED/BATH	SECURITY DEPOSIT \$	MOVE-IN DATE
ENTRY <input type="checkbox"/> KEY <input type="checkbox"/> REMOTE	REFRIGERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:	

**INSTRUCTIONS:**

EXCEPT for your signature, all information in this Application must be PRINTED in a clear and legible manner.

One Application must be filled out ENTIRELY and COMPLETELY by each intended adult occupant. Please give COMPLETE names. List both your work and your home numbers below.

Give COMPLETE addresses including apartment numbers, cities, states and zip codes.

**WARNING:** *This Application may be refused and/or rejected if it is not signed, complete, and legible; if satisfactory identification is not presented; if any information is false, cannot be verified, or does not meet predetermined requirements; if additional information is requested from Applicant and is refused; or a Co-Signer is rejected.*

APPLICANT'S PERSONAL DATA Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

FULL NAME	SOCIAL SECURITY	DRIVER LICENSE	STATE	BIRTHDAY

ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

**OTHER PERSONS TO OCCUPY THE PROPERTY**

FULL NAME	RELATIONSHIP TO APPLICANT	AGE	OCCUPATION

**RESIDENCE HISTORY**

ADDRESS	DATES MOVED	RENT PAID	OWNER/MANAGER PHONE NUMBER	REASON FOR LEAVING
(PRESENT) STREET ----- CITY STATE ZIP	IN ----- OUT	\$ -----	NAME ----- PHONE	
(PREVIOUS) STREET ----- CITY STATE ZIP	IN ----- OUT	\$ -----	NAME ----- PHONE	
(2 <sup>ND</sup> PREVIOUS) STREET ----- CITY STATE ZIP	IN ----- OUT	\$ -----	NAME ----- PHONE	

**EMPLOYMENT HISTORY**

COMPANY	ADDRESS	POSITION	DATE OF HIRE	SUPERVISOR TELEPHONE	SALARY
CURRENT				NAME ----- PHONE	
PREVIOUS				NAME ----- PHONE	

**BANKING INFORMATION**

BANK	BRANCH	PHONE NO.	ACCOUNT NUMBERS	DATE OPENED	PRESENT BALANCE
			CHECKING		
			SAVINGS		
			CHECKING		
			SAVINGS		

**NEAREST RELATIVE (NOT LIVING WITH YOU)**

NAME	RELATIONSHIP	ADDRESS	PHONE

**IN CASE OF EMERGENCY NOTIFY**

NAME	RELATIONSHIP	ADDRESS	PHONE

**CREDIT ACCOUNTS AND DEBTS (STORES, BANKS, FINANCE COMPANIES, ETC)**

COMPANY NAME	ACCOUNT NO.	ITEM PURCHASED OR AMOUNT BORROWED	DATE OPENED	MONTHLY PAYMENT	PRESENT BALANCE
NAME ADDRESS					
NAME ADDRESS					
NAME ADDRESS					
NAME ADDRESS					

**AUTOMOBILES**

MAKE	MODEL	YEAR	COLOR	LICENSE NO.	LEGAL OWNER

HAS ANY CIVIL JUDGEMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST TEN (10) YEARS?	Y	N
DO YOU HAVE ANY WATER-FILLED FURNITURE OR DO YOU INTEND TO GET ANY WATER FILLED FURNITURE?	Y	N
DO YOU HAVE ANY PETS OR DO YOU INTEND TO GET ANY PETS?	Y	N
HAVE YOU FILED BANKRUPTCY IN THE PAST TEN (10) YEARS?	Y	N
HAVE YOU EVER BEEN EVICTED OR HAVE YOU EVER REFUSED TO PAY RENT FOR ANY REASON?	Y	N
DO YOU INTEND TO POSSESS, SELL, OR USE ILLICIT DRUGS OR NARCOTICS IN YOUR RESIDENCE?	Y	N
HAVE YOU EVER LIVED HERE BEFORE OR DO YOU KNOW ANYONE LIVING HERE NOW OR IN THE PAST?	Y	N
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED OF A MISDEMEANOR OR A FELONY?	Y	N
IF ANY QUESTION IS ANSWERED "YES" PLEASE EXPLAIN FULLY:		
HOW DID YOU HEAR OF THIS VACANCY?		
IF ACCEPTED, HOW LONG DO YOU EXPECT TO STAY?		

A credit check fee of \$ \_\_\_\_\_ (NON-REFUNDABLE) to process this application and a holding deposit \$ \_\_\_\_\_ as earnest money will be given by Applicant to the owner/manager when this Application is turned in processing.

Applicant represents all information of this Application to be true and accurate and understands that owner/manager will upon said information when accepting this Application whether an independent investigation has been performed or Applicant hereby authorizes owner/manager and his/her/its employees and agents to verify said information and independent investigations to determine Applicant's rental, credit, financial and character standing. All holders, public private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be blameless and without liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as original.

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE ABOVE PRINTED NAME \_\_\_\_\_

**FOR OWNER'S/MANAGER'S USE ONLY**

**I.D. VERIFICATION**     DRIVER LICENSE     SOCIAL SECURITY CARD     OTHER

EVENT	DATE	TIME	BY	AMOUNT/REASO.
APP [ ] Accepted [ ] Rejected				
WRITTEN REJECTION GIVEN				
DEPOSIT RETURNED				