



RENTAL APPLICATION

All people residing in this residence, 18 years of age or older, must complete an application.

Property Applying for: How did you hear about it?
Desired Move-In Date? Application Fee Per adult \$

ASSISTANCE IS AVAILABLE IF NEEDED TO FILL OUT THIS APPLICATION

APPLICANT

NAME First: Middle: Last:
PHONE # Home: Work: Cell:
SOCIAL SECURITY NUMBER #
BIRTHDATE Month: Day: Year:
DRIVERS LICENSE # & State: #
AUTOMOBILE Year: Make: Model:
LICENSE PLATE # & State:
EMERGENCY CONTACT Name: Tel #

RESIDENTIAL HISTORY LAST TWO YEARS

PRESENT ADDRESS: Street Apt:
CITY / STATE / ZIP City: State: Zip:
OCCUPANCY DATES In: Out:
MONTHLY RENT: \$
OWNER / LANDLORD / NAME: PHONE #:
REASON FOR MOVING:

PREVIOUS ADDRESS: Street: Apt:
CITY / STATE / ZIP City: State: Zip:
OCCUPANCY DATES In: Out:
MONTHLY RENT: \$
OWNER / LANDLORD / NAME: PHONE #
REASON FOR MOVING:

CURRENT EMPLOYMENT PLEASE ATTACH PAY STUBS

EMPLOYERS NAME:
ADDRESS:
CONTACT PERSON: PHONE #:
YOU'RE POSITION:
HIRE DATE Month: Day: Year: MONTHLY GROSS SALARY: \$
OTHER OCCUPANTS THAT WILL LIVE IN HOME NAMES, AGE & RELATIONSHIP:

DO YOU HAVE PETS? IF YES DESCRIBE:
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A TRAFFIC VIOLATION?
IF YES EXPLAIN:
HAVE YOU EVER BEEN CONVICTED IN THE SALE OR MANUFACTURING OF ILLEGAL DRUGS?
IF YES EXPLAIN:
MAY WE DO A HOUSEKEEPING CHECK ON YOUR PRESENT RESIDENCY IF NEEDED? YES NO
DO YOU OWN WATERBEDS? YES NO HAVE YOU EVER BEEN EVICTED? YES NO
HAVE YOU EVER FILED BANKRUPTCY? YES NO IF YES WHEN: DISCHARGED: YES NO
CHECKING ACCOUNT: # BANK NAME:
ARE YOU A MEMBER OF THE ARMED FORCES? YES NO IF YES, ARE YOU: ACTIVE OR RESERVE



