Rental Application

	tal Property Address: Unit/Apartment #			
Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and where indicated. Applications are NOT accepted without full deposit. Requested move-in date				
PERSONAL				
APPLICANT'S FULL NAME:				
BIRTHDATE:	_ SSN: DRIVER	Y'S LICENSE #:	STATE	
PHONE (CELL):	PHONE (LANDLINE)):	-	
EMAIL ADDRESS:			_	
	ADDRESSES			
CURRENT:	CITY/	'STATE/ZIP	SINCE	
LANDLORD:	FAX	#:		
RENT/MONTH:	PHO:	NE:		
Is present rent up-to-date? □ Yes □ Yes	No Have you given notice? □ Yes □ No	o Have you been asked to leave?	□ Yes □ No	
PREVIOUS:	CITY,	/STATE/ZIP	SINCE	
	FAX			
	PHO:			
	Iad you given notice prior to leaving? □ OCCUPANTS	,	to leave? 🗆 Yes 🗆 No	
Number to occupy: Name Phone #s				
214				
Pets: □ Yes □ No If yes, give details (a	approved pets will require a \$300 non-refu	<u>andable</u> pet deposit at the time of le	ease signing)	
	VEHICLES			
#1 Make/Model/Color	Li	icense Plate #	State	
2 Make/Model/Color License Plate #		icense Plate #	State	
	EMPLOYMEN'	Г		
CUDDENT.	Hire Date	Suportione		
	Phone:			
Hours:	1 HOHE	routon rice		
PREVIOUS:	Hire Date	Supervisor		
Address:		Position Titl		
Hours:	INCOME			
	INCOME			
	Weekly/Bimonthly/Monthly/Yearly Source:			
		Bimonthly/Monthly/Yearly Source:Bimonthly/Monthly/Yearly Source:		
\$ Weel	kly/Bimonthly/Monthly/Yearly Source:	·		
	Account #:			
Bank/Credit Union Name:	Account #:	:		

EMERGENCY CONTACTS

Er	MERGENCI CONTACIS		
Name:			
Name:			
CRE	EDIT HISTORY/RELEASE		
Has any signer ever been sued for bills? □ Yes □ No Has any signer ever been bankrupt? □ Yes □ No Has any signer ever broken a lease? □ Yes □ No	Has any signer ever been sued for e Has any signer ever been convicted Is the total move-in amount availab		
Applicant authorized the owner to contact past and present necessary to investigate applicant.	landlords, employers, creditors, credit bure	au, neighbors and any other sources deemed	
All the information as stated is true, accurate and complete information is not as presented.	to the best of applicant's knowledge. Owner	r reserves the right to disqualify applicant if	
I UNDERSTAND THAT IF MY APPLICATION IS A OF THE DEPOSIT.*Tenant Initial I MUST PROVIDE PROOF OF "RENTER'S INSUFTHE KEYS TO RENTAL PROPERTY. *Tenant Initial I MUST PROPERTY TO THE KEYS TO RENTAL PROPERTY TO THE KEYS TO THE THE KEYS TO THE T	RANCE" FOR THE LENGTH OF MY		
ANY PERSON OR FIRM IS AUTHORIZED TO RELE. OF THIS FORM OR A PHOTOCOPY OF THIS FORM		DERSIGNED UPON PRESENTATION	
X			
APPLICANT SIGNATURE		DATE	
FOR OFFICE USE (PROSPE	ECTIVE TENANT INITIAL WHER	RE INDICATED*)	
Credit Report Pulled (date)Guarantor Required: Guarantor Required: Yes No Notarized For Renters Insurance (Proof of Insurance or Insurance D	rm Received: □ Yes □ No		
Other Comments: Deposit Amount: Unit Applied for:	Received (check #)	
Terms of Lease: # of Occupants: # of Pets (if applicable) Utilities to be paid by tenants (must be completed prior to rease) Gas/Date put in tenant's name: Electricity/Date put in tenant's name:	Move-in Date: □ Pet Deposit Received eceiving keys if checked): *Tenant Initial *Tenant Initial	Lease Expires:	
Optional (if pet approved): Pet approved □ Yes □ No Describe pet:			