

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate application.
Spouses may submit a joint application

Date when filled out: _____

ABOUT YOU

Full name (exactly as on driver's license or govt. ID card) _____
Your street address (as shown on your driver's license or government ID card) _____
Email: _____
Driver's license # and state: _____
OR govt. photo ID card #: _____
Former last names (maiden and married): _____
Your Social Security #: _____
Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye Color: _____ Hair Color: _____
Marital Status: single married divorced widowed separated

Current home address (where you now live): _____
City/State/Zip: _____
Phone: (_____) _____ Current monthly rent: \$ _____
Name of apartment where you now live: _____
Current Apt/Landlord's name: _____
Office phone: _____ Date moved in: _____
Why are you leaving your current residence: _____

Your previous address: _____
City/State/Zip: _____
Apartment name: _____
Name of above owner or manager: _____
Their phone: _____ Previous Monthly rent: \$ _____
Date you moved in: _____ Date you moved out: _____

YOUR WORK

Present employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Fax No _____
Position: _____ Employment Date _____
Your gross monthly income is over: \$ _____
(attach pay stub)
Supervisor's name and phone _____
Previous employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Fax No _____
Position: _____ Employment Date _____
Gross monthly income was \$ _____
Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY

Your bank's name, city, state: _____
Your other non-work income you want considered. Please explain: _____
Have you or your spouse ever owned a home? Yes No
Past credit problems you want to explain. _____

YOUR RENTAL/CRIMINAL HISTORY

Have you, your spouse, or any occupant listed above ever: been evicted or asked to move out? broken a rental agreement or lease contract? declared bankruptcy? been sued for nonpayment of rent? been sued for damage to rental property? been convicted of a felony? received deferred adjudication for a felony? been arrested for a felony which has not been finally adjudicated (by dismissal, acquittal or conviction)? Please indicate the year, location and type of each felony. We may need to discuss more facts before making a decision _____

You represent the answer is "no" to any item not checked above.

YOUR SPOUSE

Full Name: _____
Former last names (maiden and married): _____
Spouse's Social Security #: _____
Driver's license # and state: _____
OR govt. Photo ID card #: _____
Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye Color: _____ Hair Color: _____
Present employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Fax No. _____
Position: _____ Employment Date: _____
Gross monthly income is: \$ _____ Supervisor's name: _____
Supervisor's phone: (_____) _____

OTHER OCCUPANTS

Names of all persons under 18 and other adults who will occupy the unit. Continue on separate page if more than three.

Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card #: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card #: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card #: _____
Birthdate: _____ Social Security #: _____

YOUR VEHICLES

List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make and color of vehicle: _____
Year: _____ License #: _____ State: _____
Make and color of vehicle: _____
Year: _____ License #: _____ State: _____
Make and color of vehicle: _____
Year: _____ License #: _____ State: _____

OTHER INFORMATION

Will you or any occupant have an animal? yes no
Kind, weight, breed, age: _____
How were you referred? Stopped by Rental guide (name): _____
Rental agency or locator service name: _____
Agent's name: _____
Friend (name): _____ Newspaper (name): _____
Other: _____

EMERGENCY

Emergency contact person over 18, who will not be living with you

Name: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____
Home phone: (_____) _____
Relationship: _____

If you are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more):
the above person, your spouse, and/or your parent or child to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION

I or we authorize the apartment owner or it's agent to verify the above information by all available means. Owner is not required to re-verify or investigate preliminary findings.

Applicant's signature _____

Spouse's signature _____

You must also sign the Application Agreement on back side of this Application

