

RENTAL APPLICATION

Please use a dark colored pen & Print Clearly Send with ID & Proof of Income to:

E-Mail POBOX1430@yahoo.com

Name of Applicant:

First	Middle	Last	Suffix
()			
Address	City	State	Zip
-		Phone	
Date of Birth	Social Security Number	Drivers License OR ID Number	State
		Expiration Date	
Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>	Both <input type="checkbox"/>	
Do You Have a;		IF SO Please State the Name of Your Bank?	Account Number:

Name of Co-Applicant:

First	Middle	Last	Suffix
()			
Address	City	State	Zip
-		Phone	
Date of Birth	Social Security Number	Drivers License OR ID Number	State
		Expiration Date	
Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>	Both <input type="checkbox"/>	
Do You Have a;		IF SO Please State the Name of Your Bank?	Account Number:

List all residents where you have lived for the past five years: If you need more space, attach a separate sheet of paper.

1.	If Renting: Current/Present Landlord or Apartment Community / If Owned: Name of Mortgage Company			
()				
Address	City	State	Zip	Phone
		From:	To:	()
Contact Person	Length of Stay	Fax Number		
		Rent: \$	Deposit: \$	
Reason for Leaving	Pest/Bug Problems? If, so What Kind?			
2.	If Renting: Previous Landlord or Apartment Community / If Owned: Name of Mortgage Company			
()				
Address	City	State	Zip	Phone
		From:	To:	()
Contact Person	Length of Stay	Fax Number		
		Rent: \$	Deposit: \$	
Reason for Leaving	Pest/Bug Problems? If, so What Kind?			
3.	If Renting: Previous Landlord or Apartment Community / If Owned: Name of Mortgage Company			
()				
Address	City	State	Zip	Phone
		From:	To:	()
Contact Person	Length of Stay	Fax Number		
		Rent: \$	Deposit: \$	
Reason for Leaving	Pest/Bug Problems? If, so What Kind?			
4.	If Renting: Previous Landlord or Apartment Community / If Owned: Name of Mortgage Company			
()				
Address	City	State	Zip	Phone
		From:	To:	()
Contact Person	Length of Stay	Fax Number		
		Rent: \$	Deposit: \$	
Reason for Leaving	Pest/Bug Problems? If, so What Kind?			

List all Employers you have worked for during the past five years: If you need more space, attach a separate sheet of paper.

1. _____	Hourly Rate: \$	Monthly Take-Home: \$
Name of APPLICANTS CURRENT Employer		
()		
Address	City	State Zip Phone
From:		To: ()
Contact Person	Length of Employment	Alternate Phone
F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> TEMP <input type="checkbox"/> Job Title:		
If Not Current, Reason for Leaving	Full Time? Part Time? Temp Job/Employment Agency	

2. _____	Hourly Rate: \$	Monthly Take-Home: \$
Name of APPLICANTS PREVIOUS Employer		
()		
Address	City	State Zip Phone
From:		To: ()
Contact Person	Length of Employment	Alternate Phone
F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> TEMP <input type="checkbox"/> Job Title:		
Reason for Leaving	Full Time? Part Time? Temp Job/Employment Agency	

1. _____	Hourly Rate: \$	Monthly Take-Home: \$
Name of CO-APPLICANTS CURRENT Employer		
()		
Address	City	State Zip Phone
From:		To: ()
Contact Person	Length of Employment	Alternate Phone
F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> TEMP <input type="checkbox"/> Job Title:		
If Not Current, Reason for Leaving	Full Time? Part Time? Temp Job/Employment Agency	

2. _____	Hourly Rate: \$	Monthly Take-Home: \$
Name of CO-APPLICANTS PREVIOUS Employer		
()		
Address	City	State Zip Phone
From:		To: ()
Contact Person	Length of Employment	Alternate Phone
F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> TEMP <input type="checkbox"/> Job Title:		
Reason for Leaving	Full Time? Part Time? Temp Job/Employment Agency	

List all other persons to occupy Unit, Including Date of Birth (If 18 Years or Older, Must Fill out application as an applicant):

Name	Age	Date of Birth	Living With or Visiting? (If Visiting How Often)
Name	Age	Date of Birth	Living With or Visiting? (If Visiting How Often)
Name	Age	Date of Birth	Living With or Visiting? (If Visiting How Often)
Name	Age	Date of Birth	Living With or Visiting? (If Visiting How Often)

Pets (Keeping of Pets REQUIRES LESSOR'S CONSENT & A PER-PET deposit for all pets.):

Breed	Name	Weight/Height	Age	Yes <input type="checkbox"/> No <input type="checkbox"/> De-Clawed
Breed	Name	Weight/Height	Age	Yes <input type="checkbox"/> No <input type="checkbox"/> De-Clawed

Vehicles:

Make	Model	Year	License Number	State	\$ Payment?
Make	Model	Year	License Number	State	\$ Payment?
Make	Model	Year	License Number	State	\$ Payment?
Make	Model	Year	License Number	State	\$ Payment?

Have you the Applicant or the Co-Applicant ever:

Filed Bankruptcy?	How Many Times?	If so Who?	When?
Been adjudged a Bankrupt?	How Many Times?	If so Who?	When?
Been Evicted OR Asked to move?	How Many Times?	If so Who?	When?
Had a Judgment Filed?	How Many Times?	If so Who?	When?

Criminal Background Information: If you need more space, attach a separate sheet of paper.

Do you or do any of your occupants have any charges pending against you or against them for any criminal offense(s)?

Applicant YES NO Occupants YES NO

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?

Applicant YES NO Occupants YES NO

If "Yes" to any of the above questions, give details and dates: _____

List four character references please no more than 2 relatives: Others can be friends or colleagues

1. _____				
Name	Relationship			Length of Relationship ()
Address	City	State	Zip	Phone
2. _____				
Name	Relationship			Length of Relationship ()
Address	City	State	Zip	Phone
3. _____				
Name	Relationship			Length of Relationship ()
Address	City	State	Zip	Phone
4. _____				
Name	Relationship			Length of Relationship ()
Address	City	State	Zip	Phone

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information- Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history, and criminal background information about Applicant and any occupants in the apartment in order to verify the above information. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant understands that the Owner's agent may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant. Applicant acknowledges application fees are Non-Refundable.

I have read and agree to the provisions as stated.

Applicant

Date

Co-Applicant

Date