

Address of Property Applying For: _____

APPLICATION FOR RENTAL

(Please print clearly – Complete ALL Sections – Please return to agent with Application Fee - \$30 per applicant non-refundable)

APPLICANT'S PERSONAL INFORMATION: (All Blanks must be filled)

Applicant's Last Name (include any alias): _____
First Name: _____
Middle: _____ E-mail address: _____
Birth date (mm/dd/yyyy): _____
Driver's License # / State: _____
Social Security Number: _____
Current Street Address: _____ City/State/Zip: _____

ADDITIONAL APPLICANT or ADULT OCCUPANT PERSONAL INFORMATION:

Last Name: _____	<i>Other Occupants (i.e. children, long-term guest, etc.)</i>
First: _____	Name / (m/f) / age: _____
Middle: _____	Name / (m/f) / age: _____
Birthday (mm/dd/yyyy): _____	Name / (m/f) / age: _____
Relation to Applicant: _____	Name / (m/f) / age: _____
Social Security Number: _____	
Current Street Address: _____	City/State/Zip: _____

CURRENT INFORMATION

Best Phone Number to reach regarding any questions we have on this application: _____
Address of present landlord/owner/mortgage company: _____
Landlord's phone: _____ Monthly Rental Amount: _____
Reason for moving: _____
Is your rent/mtg current? _____ Number of late payments: _____
Damage Deposit Amount currently held by landlord? _____ Original Damage Deposit Amount: _____

PREFERRED METHOD OF RENTAL PAYMENT:

Check _____ Money-Order _____ Other _____
Do you currently own any real estate? _____
Type of Property Owned: _____
How long do you plan to live in the next rental home that meets your needs? _____

Misc. Question for the Applicant, Additional Applicant & Additional Adult Occupant:

What kind of animals do you have? _____
Do you own a waterbed: _____
Do you smoke? Yes _____ No _____

Have you ever had a rental damage deposit not returned? _____

Have you ever broken a lease? _____ Have you ever refused to pay rent for any reason? _____

Explain: _____

How many evictions have been filed against you or your additional applicant? _____

Have you ever been asked to leave a rental unit for any reason other than not paying rent? _____, Explain _____

Have you ever been convicted of a felony? _____ Do you have any history of drug use or offenses? _____

Will you give us permission to do a criminal background check? _____

Will this criminal background check show anything you wish to explain? _____

Will you give us permission to do a credit background check? _____

Will this credit check show anything you wish to explain: _____

Is there anything to prevent you from placing utilities in your name? _____

Do you currently have any utilities in your name? _____

Do you currently have phone service in your name? _____

How long have you been in this area? _____ Length of expected stay: _____

Do you know of anything or any reason, which may interrupt your ability to pay rent? _____

Do you have renter's Insurance? _____

RESIDENCE HISTORY (Previous 5 Years):

Street Address: _____

City: _____ State: _____ Zip: _____

Dates lived at this address? _____

Own _____ Rent _____ Occupy (i.e. live w/ relative & not pay rent) _____

Landlord: _____ Previous Landlord's Phone? _____

Monthly Rental Amount: _____ Reason for moving: _____

Number of Late Payments? _____ Was your Damage Deposit Returned? _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dates lived at this address? _____

Own _____ Rent _____ Occupy (i.e. live w/ relative & not pay rent) _____

Landlord: _____ Previous Landlord's Phone? _____

Monthly Rental Amount: _____ Reason for moving: _____

Number of Late Payments? _____ Was your Damage Deposit Returned? _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dates lived at this address? _____

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Landlord: _____ Previous Landlord's Phone? _____

Monthly Rental Amount: _____ Reason for moving: _____

Number of Late Payments? _____ Was your Damage Deposit Returned? _____

INCOME HISTORY

APPLICANT'S CURRENT EMPLOYMENT STATUS:

Full-time _____ Part-time (less than 32 hrs) _____ Student _____ Retired _____
Self-employed _____ Unemployed _____ Other _____

PRIMARY SOURCE OF EMPLOYMENT:

Applicant employed by: _____ Supervisor's name: _____
Average Weekly hours: _____ How long at the place of employment: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Position: _____ Salary: _____
Please indicate Weekly, Bi-Weekly, Monthly, or annual Average Take home: _____

ADDITIONAL EMPLOYMENT or Additional Applicant's Employment:

Applicant employed by: _____ Supervisor's name: _____
Average Weekly hours: _____ How long at the place of employment: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Position: _____ Salary: _____
Please indicate Weekly, Bi-Weekly, Monthly, or annual Average Take home: _____

ADDITIONAL INCOME / PAYMENT INFORMATION

To avoid the possibility of late charges, would you authorize that we arrange payment through your employer thru automatic payroll deduction? _____

Employer payroll contact and phone: _____

In the event of some emergency that would prevent you from paying your rent when due, is there a relative, person or agency that could assist you with rental payments?

1st Emergency Contact: _____ Relationship: _____

Address: _____

Phone Number(s) _____

2nd Emergency Contact: _____ Relationship: _____

Address: _____

Phone Number(s) _____

ADDITIONAL INCOME: (optional)

If there are additional, verifiable sources of income you would like considered, please list income source (i.e., self-employment, social security, benefit payments, child support, etc.), and requested information below regarding each.

Applicant may be required to produce additional documentation or provide and sign release statements.

Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: _____ Amount \$ _____ per _____

Contact Person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue? _____

Is there any reason it would stop? _____

Additional Source: _____ Amount \$ _____ per _____

Contact Person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue: _____

Is there any reason it would stop? _____

ASSET / CREDITS / LOANS

Number of vehicles on property? _____ Valid registration & inspection? _____

Do you have any commercial vehicles, _____ RV, campers, boats or motorcycles? _____

Vehicle #1 make/model/color: _____

Plate number _____ State _____

Finance/leased through _____ Contact and phone number _____

Monthly payment _____

Vehicle #2 make/model/color: _____

Plate number _____ State _____

Finance/leased through _____ Contact and phone number _____

Monthly payment _____

CREDIT CARDS, LOANS, & BANKS

(Including bank, department store, gas cards, student loans)

Creditor: _____

Address: _____ Phone: _____

Amount Owed: _____ Monthly Payment: _____

Creditor #2: _____

Address: _____ Phone: _____

Amount Owed: _____ Monthly Payment: _____

Name of Bank: _____ Branch Address: _____

Acct. #: _____ Checking and/or Savings _____

How long account active, Checking _____ Savings _____

Average monthly balance, checking _____ Savings _____

Phone: _____

REFERENCES

Personal reference:

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ How Long? _____
Phone _____

Personal reference:

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ How Long? _____
Phone _____

Professional reference:

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ How Long? _____
Phone _____

Name of nearest Living Relative:

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ How Long? _____
Phone _____

Do you give owner or manager permission to contact references listed above for rental consideration or for collection purposes should they be deemed necessary? _____

If Management has a question regarding this application, please furnish the best contact phone number:

Day Phone/Contact person: _____ Night Phone/Contact person: _____

In case of emergency, notify: _____

Day emergency contact _____

Relationship: _____ Phone: _____

Night emergency contact _____

Relationship: _____ Phone: _____

A completed application requires submission of the following, which will be photocopied and attached to this application:

___ Driver's License

___ 2 weeks of most current pay stubs of each income source listed

A fee of **\$30** is charged on all rental applications for purpose of verifying the information furnished on the application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes

verification of information, references, and credit history from applicants credit sources, credit bureaus, current and previous landlords, employers and references. This fee is non-refundable. If your application is approved, you will be required to pay a damage deposit that will be equal to the 1st months rent to hold any property.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of damage deposit.

<u>PREVIOUS LANDLORD QUESTIONERE</u>		(APPLICANT: DO NOT FILL OUT THIS SECITON)	
APPLICANT'S NAME: _____			
RENTAL ADDRESS: _____			
LANDLORD NAME: _____			
LANDLORD ADDRESS: _____			
RESIDENCY TIME:	FROM _____	TO _____	
RENTAL AMOUNT:	\$ _____	PER _____	
<u>CIRCLE THE CORRECT RESPONSE:</u>			
Any NSF's	YES	NO	If yes, how many? _____
Late Payments	YES	NO	If yes, how many? _____
Was Proper Notice Given	YES	NO	
Housekeeping Satisfactory	YES	NO	
Noise Complaints	YES	NO	If yes, how many? _____
Excessive Damage	YES	NO	
Would you Renew the lease	YES	NO	
Are you evicting them?	YES	NO	
How many people occupied apartment/house? _____			
Person verifying information: _____			
Telephone: _____			
Any other Comments? _____			

SIGNATURE BELOW INDICATES AUTHORATION TO RELEASE INFORMATION:

NOTE: APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL SIGNED.

Applicant's Signature: _____ **Date** _____

Co-Applicant's Signature: _____ **Date** _____

NOTICE:

ALL DAMAGE DEPOSIT MONIES PAID ARE NOT REFUNDALBE UNTIL THE COMPLETION OF A LEASE