

*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? \_\_\_\_\_

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**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 \_\_\_\_\_

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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? \_\_\_\_\_

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**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? \_\_\_\_\_  
 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? \_\_\_\_\_

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**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: \_\_\_\_\_

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**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?

**1<sup>st</sup> Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

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**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.

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**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: \_\_\_\_\_

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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

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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 1<sup>st</sup> 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.

<b><u>PREVIOUS LANDLORD QUESTIONERE</u></b>		(APPLICANT: DO NOT FILL OUT THIS SECITON)	
APPLICANT'S NAME: _____			
RENTAL ADDRESS: _____			
LANDLORD NAME: _____			
LANDLORD ADDRESS: _____			
RESIDENCY TIME:	FROM _____	TO _____	
RENTAL AMOUNT:	\$ _____	PER _____	
<b><u>CIRCLE THE CORRECT RESPONSE:</u></b>			
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**