

Application to Rent

Individual application required from each occupant 18 years of age or older, with all sections completed.

Last Name		First Name		Middle Name		Social Security Number/TIN			
Date of Birth		DL/Identification Number		State Exp. Date		Home Phone Number ()			
Cell Phone Number ()		Work Phone Number ()		Email Address					
Present Address				City		State Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number ()				
Monthly Rent		Reason for Moving							
Previous Address				City		State Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number ()				
Monthly Rent		Reason for Moving							
Prior Address				City		State Zip			
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number ()				
Monthly Rent		Reason for Moving							
List All Proposed Occupants in Addition to Yourself		Name		DOB		Name		DOB	
		Name		DOB		Name		DOB	
Present Occupation		Salary/Income \$		week month		Employer/Source of Income			
How long with this employer?		Phone Number ()		Employer Address					
Name of your supervisor		Website		City		State Zip			
Prior Occupation		Salary/Income \$		week month		Employer/Source of Income			
How long with this employer?		Phone Number ()		Employer Address					
Name of your supervisor		Website		City		State Zip			
<p>Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction. Applicant is applying for the premises located at _____ Unit # _____</p> <p>City, State, Zip _____ Owner/Manager _____</p> <p>Date _____ Applicant _____</p>									

Account Number	Name of Your Bank	Branch or Address
Checking		
Savings		

Name of Creditor	Address	Phone Number	Mo. Pmt. Amt
1.		()	\$
2.		()	\$

In case of emergency, notify	Relationship
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Address	City	State	Zip Code	Phone Number
				()

Personal References	Phone Number
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1.	()
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Address	City	State	Zip
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2.	()
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Address	City	State	Zip
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3.	()
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Address	City	State	Zip
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Do you or any proposed occupant(s) smoke? _____ Describe: _____

Have you ever been party to a lawsuit? _____ Describe: _____

Liquid filled furniture? _____ Describe: _____

Have you ever filed bankruptcy? _____ Describe: _____

Will you have pets? _____ Describe: _____

Have you ever been evicted or asked to move? _____ Describe: _____

Have you ever been convicted of a crime against persons or property? _____ Describe: _____

Have you ever used other names? _____ If so, list _____

Automobile:

Make _____ Model _____ Year _____ License No. _____ State _____

Automobile:

Make _____ Model _____ Year _____ License No. _____ State _____

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Date _____ Applicant _____

