

RENTAL APPLICATION

COMMUNITY NAME:		OFFICE USE:	
APARTMENT NUMBER:			
MONTHLY RENT:			
MOVE-IN DATE:			
DATE RECEIVED:		DATE:	
PLEASE PRINT			
NAME:			
SOCIAL SECURITY #		DRIVER'S LICENSE #	DATE OF BIRTH
DO YOU HAVE ANY PETS? IF SO, WHAT KIND?			
CO-APPLICANT NAME:			
SOCIAL SECURITY #		DRIVER'S LICENSE #	DATE OF BIRTH
NAMES OF OTHER PERSONS WHO WILL OCCUPY APARTMENT OTHER THAN YOURSELF: (PLEASE ALSO INCLUDE MINOR OCCUPANTS NAMES AND AGES, IF APPLICABLE)			
NAME:		AGE:	
NAME:		AGE:	
NAME:		AGE:	
CURRENT ADDRESS:			
HOME PHONE #:		HOW LONG AT THIS ADDRESS:	
LANDLORD NAME:		PHONE #:	
MONTHLY RENT PAID: \$			
IF AT PRESENT RESIDENCE LESS THAN ONE YEAR PLEASE PROVIDE THE FOLLOWING: PREVIOUS ADDRESS:			
LANDLORD NAME:		PHONE #:	
MONTHLY RENT PAID: \$			
CURRENT EMPLOYMENT			
COMPANY NAME:			
ADDRESS:			
POSITION:		MONTHLY INCOME:	
PHONE #:		LENGTH OF EMPLOYMENT:	
SUPERVISOR'S NAME AND PHONE:			
OTHER INCOME:		SOURCE:	

IF AT PRESENT EMPLOYER LESS THAN 1 YEAR, PLEASE COMPLETE THE FOLLOWING:			
PREVIOUS EMPLOYER			
COMPANY NAME:			
ADDRESS:			
POSITION:		MONTHLY INCOME: \$	
PHONE #:		LENGTH OF EMPLOYMENT:	
CO-APPLICANT'S CURRENT EMPLOYMENT			
COMPANY NAME:			
ADDRESS:			
POSITION:		MONTHLY INCOME: \$	
PHONE #:		LENGTH OF EMPLOYMENT:	
IF AT PRESENT EMPLOYER LESS THAN 1 YEAR, PLEASE COMPLETE THE FOLLOWING:			
COMPANY NAME:			
ADDRESS:			
POSITION:		MONTHLY INCOME: \$	
PHONE #:		LENGTH OF EMPLOYMENT:	
CRIMINAL RECORD			
HAVE ANY OF THE INTENDED OCCUPANTS BEEN CONVICTED OF A CRIME? (CIRCLE ONE) YES NO IF YES , PLEASE EXPLAIN NATURE OF CRIME.			
DATE OF CONVICTION	FILE NUMBER	COUNTY	STATE
AUTOMOBILES YEAR	MAKE/MODEL	COLOR	LICENSE #
YEAR	MAKE/MODEL	COLOR	LICENSE #
BANKING INFORMATION			
BANK NAME:			
ADDRESS:			
CHECKING/SAVINGS ACCOUNT #:			
CHECKING/SAVINGS ACCOUNT #:			
EMERGENCY CONTACT NAME:		PHONE #:	
ADDRESS:			
PLEASE PROVIDE THE FOLLOWING TO ASSIST US IN PROCESSING YOUR APPLICATION: (1) DRIVER'S LICENSE OR STATE I.D. CARD; (2) PROOF OF INCOME; (3) OTHER INFORMATION REQUESTED BY YOUR LEASING REPRESENTATIVE. I/WE AUTHORIZE YOU TO OBTAIN AN INVESTIGATIVE REPORT IN CONNECTION WITH THIS APPLICATION. I/WE ALSO UNDERSTAND THAT ANY FALSE, DECEPTIVE OR ABSENT INFORMATION WILL RESULT IN THE REJECTION OF THIS APPLICATION AND FORFEITURE OF DEPOSIT.			
SIGNATURE:		DATE:	
CO-APPLICANT'S SIGNATURE:		DATE:	