



RENTAL APPLICATION

CALLED _____

DATE _____

PROPERTY, ADDRESS _____

PRESENT PHONE NO OF RESIDENT: _____

APT. NO: _____

1. Last Name of Applicant		First	Initial	Wife's First Name & Initial		Apt. to be occupied by _____ persons	
<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widow(er) <input type="checkbox"/> Single	
Street Address (present or last)			City	State	Lived Here How Long?		
Landlord's Name and address or Mortgage Company			Phone	Monthly Payment	Own or Rent		
Do you have a Lease _____				When does it expire? _____			
Previous Resident Manager's Name & Address (if at above address less than one year)			Phone	Lived There How Long?			
2. Applicant Employed By			Supervisor's Name			How Long Employed?	
Address		Phone	Position Held or Rank		Salary \$ _____ per _____		
Previous employer's Name & Address (if not with above Employer at least one year)						Phone	
How Long Employed?	Position Held or Rank		Salary \$ _____ per _____		Supervisor's Name		
Wife Employed By			Supervisor's Name			How Long Employed?	
Address		Phone	Position held or Rank		Salary \$ _____ per _____		
Additional Income Amount \$ _____ per _____			Source of Additional Income				
3. Applicant's Closest Relative		Address		City	State	Relationship	Phone
In Case of Emergency Call		Address		City	State	Phone	
Family Physician		Address		City	State	Phone	
4. BANK ACCOUNTS	Checking - Name of Bank		Branch	City & State		Account Number	
	Savings - Name of Bank		Branch	City & State		Account Number	
5.	Year	Make	Financed By		Address	Monthly Payments	
CAR 1	_____	_____	_____		_____	\$ _____	
CAR 2	_____	_____	_____		_____	\$ _____	
6. Bank or Other Loans in Last 3 Years (Whether Paid Off or Not)							
Owed To		Address			Paid Yes/No	Monthly Payments	
_____		_____			_____	\$ _____	
_____		_____			_____	\$ _____	
7. Other Current Debts and Liabilities (Department Stors, Other Charge Accounts, etc.)							
Owed To		Address			Total Amount	Monthly Payments	
_____		_____			\$ _____	\$ _____	
_____		_____			\$ _____	\$ _____	
_____		_____			\$ _____	\$ _____	
Credit References Checked By: _____							
8. Vehicles: How Many Vehicles Will You Keep At This Address:							
CAR 1	Make _____	Model _____	Year _____	Color _____	License No. _____		
CAR 2	Make _____	Model _____	Year _____	Color _____	License No. _____		
MOTOR CYCLE	Make _____	Model _____	Year _____	Color _____	License No. _____		
9							
APPLICANT:	Birth Date _____	DRIVER'S LICENSE NO. _____		State _____	SOCIAL SECURITY NO. _____		
SPOUSE:	Birth Date _____	DRIVER'S LICENSE NO. _____		State _____	SOCIAL SECURITY NO. _____		
10. Name and Address of Referring Party: _____							

The undersigned applicant hereby declares that the representations of fact contained in the forgoing application are considered part of my lease and are true and correct. I agree that if any information herein contained is false, the lease made on the strength of this application may, at the option of the landlord, be terminated at any time.

Signature of Applicant: _____ Date _____

Signature of Applicant: _____ Date _____

Signature of Rental Agent: _____ Date _____