

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		
Date of Birth		Driver's License 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 ()		
Reason for Moving								
Previous Address				City		State Zip		
Date In		Date Out		Owner/Manager Name		Owner/Manager Phone Number ()		
Reason for Moving								
Previous Address				City		State Zip		
Date In		Date Out		Owner/Manager Name		Owner/Manager Phone Number ()		
Reason for Moving								
List All Proposed Occupants in Addition to Yourself	Name		DOB		Name		DOB	
	Name		DOB		Name		DOB	
Present Occupation		Salary \$		<input type="checkbox"/> week <input type="checkbox"/> month		Employer Name		
How long with this employer?		Phone Number ()		Employer Address				
Name of your supervisor				City		State Zip		
Prior Occupation		Salary \$		<input type="checkbox"/> week <input type="checkbox"/> month		Employer Name		
How long with this employer?		Phone Number ()		Employer Address				
Name of your supervisor				City		State Zip		
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 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.								
Date _____		Applicant _____						



Account Number		Name of Your Bank			Branch or Address	
Checking						
Savings						
Name of Creditor		Address		Phone Number		Mo. Pmt. Am.
1.				()		\$
2.				()		\$
3.				()		\$
In case of emergency, notify:				Relationship:		
Address		City	State	Zip Code	Phone Number ()	
Personal References				Phone Number		
1.				()		
Address		City	State	Zip		
2.				()		
Address		City	State	Zip		
3.				()		
Address		City	State	Zip		
Mother's maiden name: _____ Will you have pets? _____ Describe: _____						
Liquid filled furniture? _____ Describe: _____ Have you ever filed bankruptcy? _____						
Have you ever been evicted or asked to move? (describe) _____						
Have you ever been convicted of a felony? (describe) _____						
Have you ever used other names? _____ If so, list _____						
Automobile: Make _____ Model _____ Year _____ License No. _____						
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Date _____		Applicant _____				

(OVER)

