

RENTAL PROPERTY APPLIED FOR: _____

RENTAL AGENT: _____

RENTAL APPLICATION

Note: Each co-resident must submit a separate application

Last Name	First Name	Middle Init	Date of Birth	Social Security Number
/ / - -				
<i>Legal names of persons who will occupy unit</i>				
Are any of the occupants under the age of 7? <input type="checkbox"/> No <input type="checkbox"/> Yes Names: _____				

Drivers License Number	State	Expiration	Home Telephone Number	Cell phone Number
E-Mail address: _____				
Any Pets? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe: _____				
Do you own/plan to own water-filled furniture? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe: _____				
<i>(Tenants owning waterbeds/fish tanks must purchase Renter's Insurance to protect against accidental leakage/structural damage due to additional weight. A copy of your insurance binder will be attached to your lease.)</i>				

ADDRESS HISTORY				
Present Street Address	City	State	Zip	How long at this address?
Owner's/Manager's Name				
Owner's/Manager's Street Address	City	State	Zip	Telephone Number
Reason for Moving: _____				
Previous Street Address	City	State	Zip	How long at this address?
Previous Owner's/Manager's Name				
Previous Owner's/Manager's Street Address	City	State	Zip	Telephone Number
Reason for Moving: _____				

EMPLOYMENT INFORMATION			
Present Employer	Position	Telephone Number	Supervisor's Name
How long employed at this company?	\$ Monthly Income		

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EMPLOYMENT INFORMATION (continued)			
Previous Employer	Position	Telephone Number	Supervisor's Name
How long employed at this company?	\$ Monthly Income		
Spouse's Employer	Position	Telephone Number	Supervisor's Name
How long employed at this company?	\$ Monthly Income	\$ Gross Family Income	

CREDIT & PERSONAL REFERENCES					
Bank Name	Street Address	Telephone Number			
Checking Account Number (not required)			Savings Account Number (not required)		
Name of Personal Reference	Street Address	City	State	Zip	Telephone Number
Name of someone to Contact in case of an emergency	Street Address	City	State	Zip	Telephone Number

VEHICLE INFORMATION				
Year	Make/Model	Color	License Plate #	State
Year	Make/Model	Color	License Plate #	State

Have you ever been evicted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever filed for bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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I declare under penalty or perjury that the above information is true. I authorize the owner/agent to verify its validity and obtain a credit report. Any fraudulent misrepresentation may result in denial of rental and/or retention of deposit monies. It is understood and agreed by the undersigned that this application to rent is made subject to the owner's ability to supply the said unit and that the owner shall not be subject to any liability for failure to render possession of said unit as of any specified date.

Applicant's Signature

Date