

# RENTAL APPLICATION

Please use a dark colored pen & Print Clearly Send with ID & Proof of Income to:  
E-Mail [POBOX1430@yahoo.com](mailto:POBOX1430@yahoo.com)

Name of Applicant: \_\_\_\_\_  
First Middle Last Suffix

Address City State Zip Phone ( )

Date of Birth Social Security Number Drivers License OR ID Number State Expiration Date

Checking Account  Savings Account  Both

Do You Have a; IF SO Please State the Name of Your Bank? Account Number:

Name of Co-Applicant: \_\_\_\_\_  
First Middle Last Suffix

Address City State Zip Phone ( )

Date of Birth Social Security Number Drivers License OR ID Number State Expiration Date

Checking Account  Savings Account  Both

Do You Have a; IF SO Please State the Name of Your Bank? Account Number:

List all residents where you have lived for the past five years: If you need more space, attach a separate sheet of paper.

1. \_\_\_\_\_

If Renting: **Current/Present** Landlord or Apartment Community / If Owned: Name of Mortgage Company

Address City State Zip Phone ( )

From: To: ( )

Contact Person Length of Stay Fax Number

Rent: \$ Deposit: \$

Reason for Leaving Pest/Bug Problems? If, so What Kind?

2. \_\_\_\_\_

If Renting: **Previous** Landlord or Apartment Community / If Owned: Name of Mortgage Company

Address City State Zip Phone ( )

From: To: ( )

Contact Person Length of Stay Fax Number

Rent: \$ Deposit: \$

Reason for Leaving Pest/Bug Problems? If, so What Kind?

3. \_\_\_\_\_

If Renting: **Previous** Landlord or Apartment Community / If Owned: Name of Mortgage Company

Address City State Zip Phone ( )

From: To: ( )

Contact Person Length of Stay Fax Number

Rent: \$ Deposit: \$

Reason for Leaving Pest/Bug Problems? If, so What Kind?

4. \_\_\_\_\_

If Renting: **Previous** Landlord or Apartment Community / If Owned: Name of Mortgage Company

Address City State Zip Phone ( )

From: To: ( )

Contact Person Length of Stay Fax Number

Rent: \$ Deposit: \$

Reason for Leaving Pest/Bug Problems? If, so What Kind?

**List all Employers you have worked for during the past five years: If you need more space, attach a separate sheet of paper.**

1. \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Monthly Take-Home: \$ \_\_\_\_\_  
 Name of **APPLICANTS CURRENT** Employer ( )  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
 Contact Person \_\_\_\_\_ Length of Employment \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 \_\_\_\_\_ F.T.  P.T.  TEMP  Job Title: \_\_\_\_\_  
 If Not Current, Reason for Leaving \_\_\_\_\_ Full Time? Part Time? Temp Job/Employment Agency \_\_\_\_\_

2. \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Monthly Take-Home: \$ \_\_\_\_\_  
 Name of **APPLICANTS PREVIOUS** Employer ( )  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
 Contact Person \_\_\_\_\_ Length of Employment \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 \_\_\_\_\_ F.T.  P.T.  TEMP  Job Title: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Full Time? Part Time? Temp Job/Employment Agency \_\_\_\_\_

1. \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Monthly Take-Home: \$ \_\_\_\_\_  
 Name of **CO-APPLICANTS CURRENT** Employer ( )  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
 Contact Person \_\_\_\_\_ Length of Employment \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 \_\_\_\_\_ F.T.  P.T.  TEMP  Job Title: \_\_\_\_\_  
 If Not Current, Reason for Leaving \_\_\_\_\_ Full Time? Part Time? Temp Job/Employment Agency \_\_\_\_\_

2. \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Monthly Take-Home: \$ \_\_\_\_\_  
 Name of **CO-APPLICANTS PREVIOUS** Employer ( )  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
 Contact Person \_\_\_\_\_ Length of Employment \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 \_\_\_\_\_ F.T.  P.T.  TEMP  Job Title: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Full Time? Part Time? Temp Job/Employment Agency \_\_\_\_\_

**List all other persons to occupy Unit, Including Date of Birth (If 18 Years or Older, Must Fill out application as an applicant):**

Name	Age	Date of Birth	Living With or Visiting? (If Visiting How Often)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Pets (Keeping of Pets REQUIRES LESSOR'S CONSENT & A PER-PET deposit for all pets.):**

Breed	Name	Weight/Height	Age	De-Clawed
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Vehicles:**

Make	Model	Year	License Number	State	Payment? \$
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Have you the Applicant or the Co-Applicant ever:**

Filed Bankruptcy?	How Many Times?	If so Who?	When?
Been adjudged a Bankrupt?	How Many Times?	If so Who?	When?
Been Evicted OR Asked to move?	How Many Times?	If so Who?	When?
Had a Judgment Filed?	How Many Times?	If so Who?	When?

**Criminal Background Information: If you need more space, attach a separate sheet of paper.**

Do you or do any of your occupants have any charges pending against you or against them for any criminal offense(s)?  
 Applicant YES NO Occupants YES NO

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?  
 Applicant YES NO Occupants YES NO

If "Yes" to any of the above questions, give details and dates: \_\_\_\_\_

**List four character references please no more than 2 relatives: Others can be friends or colleagues**

1. \_\_\_\_\_

Name	Relationship	Length of Relationship ( )
Address	City	State Zip Phone

2. \_\_\_\_\_

Name	Relationship	Length of Relationship ( )
Address	City	State Zip Phone

3. \_\_\_\_\_

Name	Relationship	Length of Relationship ( )
Address	City	State Zip Phone

4. \_\_\_\_\_

Name	Relationship	Length of Relationship ( )
Address	City	State Zip Phone

**PLEASE READ CAREFULLY AND SIGN BELOW**

**Correct Information-** Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history, and criminal background information about Applicant and any occupants in the apartment in order to verify the above information. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant understands that the Owner's agent may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant. Applicant acknowledges application fees are Non-Refundable.

**I have read and agree to the provisions as stated.**

\_\_\_\_\_  
 Applicant Date Co-Applicant Date