

RENTAL APPLICATION
Equal Housing Opportunity

The undersigned hereby makes an application to rent unit # _____ located at:
_____.

Anticipated move date of _____ at a monthly rent of
\$ _____ and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____
Home Phone () _____
Date of Birth _____
Social Security # _____
Email Address: _____ (optional)
Other Phone () _____
Co-Applicant Name _____
Names of Dependents _____
Co-Applicant Date of Birth _____
Social Security # _____
Dependents Date of Birth _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____
City _____ State _____ Zip _____
Month/Year Moved In _____
Reasons for Leaving _____ Rent \$ _____
Owner/Agent _____
Phone () _____
Previous Address _____
Rent \$ _____
Owner/Agent _____
Phone _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years?
Yes _____ No _____
Have you ever been evicted from a rental residence?
Yes _____ No _____
Have you had two or more late rental payments in the past year?
Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due?
Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____

Dates employed _____

Employed as _____

Supervisor name: _____ Phone _____

Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone number of previous employer or school;

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____

Source/Contact

Name _____

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Name _____ Type of Account _____ Account

Number _____

Name _____ Type of Account _____ Account

Number _____

Personal Reference or Emergency Contact:

Name _____

Address _____

Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate

State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

