



RENTAL APPLICATION

PLEASE FILL THE FORM OUT COMPLETELY AND ACCURATELY

FULL NAME:	
Home Phone:	Cell Phone:
Date of Birth:	SSN#:
Name of Co-Applicant <i>(must complete a separate application)</i> :	

NAME OF PARENT(S) OR NEAREST RELATIVE TO CONTACT IN AN EMERGENCY

Name	Address	Phone Number

Number of Dependents (Excluding Co-Applicant):	
Other Occupants:	
Pet(s) (Number & Kind):	
Desired Date of Occupancy:	
Desired Length of Occupancy:	

PLEASE GIVE US YOUR RESIDENCE HISTORY (Beginning With Most Current)

PRESENT ADDRESS:	
Month and Year Moved In:	
Reason for Leaving:	
Owner/Landlord/Manager:	
Phone:	

PLEASE GIVE US YOUR EMPLOYMENT INFORMATION

Your Status: ___ Full Time ___ Part Time	Please Circle: STUDENT RETIRED UNEMPLOYED
--	--

PRESENT EMPLOYER:

Date Employed:	Position:
Employer's Phone Number:	Salary:
Address:	<i>(please circle):</i> HOUR WEEKLY MONTHLY
if employed less than 6 months, give name and address of previous employer or school:	
Other Source of Income:	
Amount:	Source:

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

Name of Bank	City-State	Account Type (Checking/Savings)
1)		
2)		

Your Drivers License Number:	State:
------------------------------	--------

VEHICLES

Your Vehicle Make/Model:	Year:	Tag #:	State:
2 nd Vehicle Make/Model:	Year:	Tag #:	State:
Other Vehicles:			

HAVE YOU EVER: (PLEASE ANSWER BY CIRCLING YES OR NO)

1. BEEN EVICTED FROM ANY TENANCY?	YES / NO
2. WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT	
WHEN DO?	YES / NO
3. DO YOU KNOW OF ANYTHING, WHICH MAY INTERRUPT	
INCOME OR ABILITY TO PAY RENT?	YES / NO

DO YOU HAVE THE MONEY FOR FIRST MONTH'S RENT AND REQUIRED INDEMNIFICATION DEPOSIT?	<i>(Please circle yes or no)</i>
	YES / NO

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME WILL BE SUFFICIENT GROUNDS FOR EVICTION AND LOSS OF ANY INDEMNIFICATION DEPOSIT.

Signature of Applicant:

Date:

Discrimination

It is against the law to discriminate against a tenant(s) on the basis of race, religion, nation origin, age, or neighborhood racial makeup.



CO-SIGNER RENTAL APPLICATION

PLEASE FILL THE FORM OUT COMPLETELY AND ACCURATELY

NAME OF APPLICANT CO-SIGNING FOR:	
FULL NAME:	
Home Phone:	Cell Phone:
Date of Birth:	SSN#:
Present Address:	

PLEASE GIVE US YOUR EMPLOYMENT INFORMATION

Your Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Please Circle: STUDENT RETIRED UNEMPLOYED
---	--

PRESENT EMPLOYER:

Date Employed:	Position:
Employer's Phone Number:	Salary:
Address:	<i>(please circle):</i> HOUR WEEKLY MONTHLY
if employed less than 6 months, give name and address of previous employer or school:	

Other Source of Income:

Amount:	Source:
---------	---------

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

Name of Bank	City-State	Account Type (Checking/Savings)
1)		
2)		

Your Drivers License Number:	State:
------------------------------	--------

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME WILL BE SUFFICIENT GROUNDS FOR EVICTION AND LOSS OF ANY INDEMNIFICATION DEPOSIT.

Signature of Applicant _____ Date: _____

Signature of Co-Signer _____ Date: _____

Discrimination

It is against the law to discriminate against tenant(s) on the basis of race, religion, nation origin, age, or neighborhood racial makeup.