RENTAL APPLICATION

Include Income Verification

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).

Please fill out this form **COMPLETELY** and sign where indicated

PERSONAL I	NFORMATION							
FIRST NAME		MIDDLE		LAS	Т			
PHONE	□ CELL □ HOME	PHONE	☐ CELL	□ номе		DATE OF BIRTH	-	
PRESENT HOM	E ADDRESS	CITY/STATE/ZIP		EMAIL			_	
LENGTH OF TIME PRESENT LA		NDLORD		LANDLOR	LANDLORD PHONE			
REASON FOR LEAVING		AMOUNT OF RENT		Is your pre	Is your present rent up-to-date? Yes No			
PREVIOUS HON	ME ADDRESS			CITY/STATE/ZIP				
LENGTH OF TIME PREVIOUS LA		ANDLORD	NDLORD		LANDLORD PHONE			
REASON FOR LEAVING			AMOUNT O	AMOUNT OF RENT		Is your present rent up-to-date? Yes No		
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP				
LENGTH OF TIME PREVIOUS LA		ANDLORD	LANDLORD PHONE					
REASON FOR LEAVING		AMOUNT O	AMOUNT OF RENT		Is your present rent up-to-date? Yes No			
OCCUPANTS	5							
PROPOSED NU	MBER OF OCCUPANTS							
PROPOSED OC	CUPANTS 18 AND OLDER							
NAME			NAME					
NAME			NAME	NAME				
NAME			NAME	NAME				
NAME			NAME					
PROPOSED I	PET(S)							
TYPE/BREED WEIGHT		WEIGHT	INDOOR 🗆		OUTDOOR 🗆		AGE	
TYPE/BREED		WEIGHT	WEIGHT		INDOOR □ OUTDOOR □		AGE	
VEHICLE INF	ORMATION							
YEAR	MAKE	MODEL		COLOR	PLATE #		STATE	
YEAR	MAKE	MODEL		COLOR	PLATE #		STATE	
EMPLOYME	NT							
CURRENT EMPLOYER			OCCUPATIO	N		HOURS/WEEK		
SUPERVISOR			PHONE	EXT. YEARS EMI		YEARS EMPL	.OYED	
ADDRESS				CITY/STATE/ZIP				
CURRENT OR PREVIOUS EMPLOYER OCCU			OCCUPATIO	JPATION		HOURS/WEE	HOURS/WEEK	
SUPERVISOR			PHONE	EXT.		YEARS EMPLOYED		
ADDRESS				CITY/STATE/ZIP				
INCOME								
INCOME WEEKLY BIWEEKLY MONTHLY DYEARLY			SOURCE	SOURCE		PROOF OF INCOME YES □ NO □		
INCOME DWEEKLY DBIWEEKLY DMONTHLY DYEARLY			SOURCE	SOURCE		PROOF OF INCOME YES □ NO □		
INCOME DWEEKLY DBIWEEKLY MONTHLY DYEARLY			SOURCE		PROOF O	PROOF OF INCOME YES NO NO		

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CREDIT CARD/FINANCIAL INFORMATION								
CAR LOAN/LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT						
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT						
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT						
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT						
CHILD SUPPORT/OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT						
BANK ACCOUNT/NAME OF BANK	BALANCE OWED	MONTHLY PAYMENT						
EMERGENCY CONTACT/PERSONAL REFERENCE INFOR	MATION							
EMERGENCY CONTACT	PHONE	PHONE						
RELATION	ADDRESS	CITY/STATE/ZIP						
EMERGENCY CONTACT	PHONE	PHONE						
RELATION	ADDRESS	CITY/STATE/ZIP						
EMERGENCY CONTACT	PHONE	PHONE						
RELATION	ADDRESS	CITY/STATE/ZIP						
APPLICANT QUESTIONNAIRE/AUTHORIZATION								
Has applicant ever been party to a lawsuit? YES □ NO □	Has applicant ever been locked out of their apartment by the sheriff?							
Has applicant ever filed bankruptcy? YES NO	Has applicant ever been brought to court by another landlord?							
Has applicant ever had a criminal conviction? YES NO	Has applicant ever moved owing rent or damaged an apa	ertment? YES NO NO						
Has applicant ever broken a lease? YES NO	Has applicant ever been party to a short sale or foreclosu	rre? YES 🗆 NO 🗆						
Is applicant a registered sex offender?	Is the total move-in amount available now (rent and depo	osit)? YES NO						
Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investiage the applicant. All information is true, accurate and complete to the best of the applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.								
X	DATE							
IF ANSWERED YES TO ANY ABOVE QUESTIONS, PLEASE EXPLAIN:								

October 2021