



# RENTAL APPLICATION

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.  
*Note: ALL PROPERTIES ARE SMOKE-FREE HOUSING.*

## PERSONAL INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
HOME PHONE ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ RENT \$ \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
LENGTH OF TIME \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
OWNER/AGENT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ RENT \$ \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
LENGTH OF TIME \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
OWNER/AGENT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ RENT \$ \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
LENGTH OF TIME \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
OWNER/AGENT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

## PROPOSED OCCUPANTS

NAME _____	RELATIONSHIP _____	OCCUPATION _____	AGE _____
NAME _____	RELATIONSHIP _____	OCCUPATION _____	AGE _____
NAME _____	RELATIONSHIP _____	OCCUPATION _____	AGE _____
NAME _____	RELATIONSHIP _____	OCCUPATION _____	AGE _____

## PROPOSED PETS

NAME _____	TYPE/BREED _____	INDOOR/OUTDOOR? _____	AGE _____
NAME _____	TYPE/BREED _____	INDOOR/OUTDOOR? _____	AGE _____

## VEHICLE(S) INFORMATION

YEAR _____	MAKE/MODEL _____	COLOR _____	PLATE# _____	STATE _____
YEAR _____	MAKE/MODEL _____	COLOR _____	PLATE# _____	STATE _____

## EMPLOYMENT

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
SUPERVISOR NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ YEARS EMPLOYED \_\_\_\_\_  
(IF EMPLOYED BY ABOVE LESS THAN 12 MONTHS, GIVE NAME & PHONE OF PREVIOUS EMPLOYER OR SCHOOL: \_\_\_\_\_)





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## EMERGENCY/PERSONAL REFERENCE

EMERGENCY CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
 REFERENCE CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
 REFERENCE CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

## APPLICANT QUESTIONNAIRE

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 \_\_\_  
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_ NO \_\_\_

## AUTHORIZATION

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.

All information is true, accurate and complete to the best of 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.

The above information, to the best of my knowledge, is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

