

# APPLICATION TO RENT

All sections must be completed

Individual applications are required from each occupant 18 years of age or older.

LAST NAME		FIRST NAME		MIDDLE NAME			
OTHER NAMES USED IN THE LAST 10 YEARS				WORK PHONE NUMBER (    )		HOME PHONE NUMBER (    )	
DATE OF BIRTH		E-MAIL ADDRESS				MOBILE/CELL PHONE NUMBER (    )	
PHOTO ID/TYPE		NUMBER		ISSUING GOVERNMENT		EXP. DATE	
OTHER ID							
1. PRESENT ADDRESS		CITY		STATE		ZIP CODE	
DATE MOVED IN		DATE MOVED OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NUMBER (    )	
REASON FOR LEAVING						CURRENT RENT \$                    /MONTH	
2. PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NUMBER (    )	
REASON FOR MOVING							
3. NEXT PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/AGENT NAME		OWNER/AGENT PHONE NUMBER (    )	
REASON FOR LEAVING							
Proposed occupants: List all in addition to yourself	NAME/RELATIONSHIP			NAME /RELATIONSHIP			
	NAME/RELATIONSHIP			NAME/RELATIONSHIP			
	NAME/RELATIONSHIP			NAME/RELATIONSHIP			
Will you have pets?		Yes    No		DESCRIBE		Will you have liquid filled furniture?	
						Yes    No    DESCRIBE	
HOW DID YOU HEAR ABOUT THIS RENTAL?							
I    AM    AM NOT A MEMBER OF THE ARMED FORCES (INCLUDING THE NATIONAL GUARD AND RESERVES)							
A. PRESENT OCCUPATION OR SOURCE OF INCOME				EMPLOYER NAME			
DATES OF EMPLOYMENT		SUPERVISOR'S PHONE NUMBER (    )		EMPLOYER ADDRESS			
NAME OF YOUR SUPERVISOR				CITY, STATE, ZIP CODE			
B. PRIOR OCCUPATION				EMPLOYER NAME			
DATES OF EMPLOYMENT		SUPERVISOR'S PHONE NUMBER (    )		EMPLOYER ADDRESS			
NAME OF YOUR SUPERVISOR				CITY, STATE, ZIP CODE			

CURRENT GROSS INCOME		CHECK ONE	
\$                    PER		<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	

**Please list ALL financial obligations below:**

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MONTHLY PYMT. AMT.
1.		( )	
2.		( )	
3.		( )	
4.		( )	
5.		( )	
6.		( )	

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS: STREET, CITY, STATE, ZIP	RELATIONSHIP	PHONE NUMBER
1.			( )
2.			( )

PERSONAL REFERENCES	ADDRESS: STREET, CITY, STATE, ZIP	LENGTH OF ACQUAINTANCE	OCCUPATION	PHONE
1.				( )
2.				( )

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? \_\_\_\_\_

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents.

The undersigned is applying to rent the premises designated as: \_\_\_\_\_ The rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_. Upon approval of this application, and execution of a rental/ lease agreement, the Applicant shall pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

**Date** \_\_\_\_\_ **Applicant (signature required)** \_\_\_\_\_