



RENTAL APPLICATION

PERSONAL	Applicant's Name (Last, First)		Social Security Number				Date of Birth		Driver's License # & State	
	Spouse's full name									
	Additional Occupants:	1					3			
		2					4			

RESIDENCE HISTORY	Current address (check one) : <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:							
	Address		City		State	Zip code	Move in date	Home Phone
	Landlord/Community			Monthly Payment		Apt #	Move out date	Landlord Phone
	Previous address (check one) : <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:							
	Address		City		State	Zip code	Move in date	Home Phone
	Landlord/Community			Monthly Payment		Apt #	Move out date	Landlord Phone

EMPLOYMENT HISTORY	Current Employer		Address		City		State	Phone #	
	Supervisor's name		Supervisor's Phone #		Employment dates		Start:	End:	
	Previous Employer		Address		City		State	Phone #	
	Supervisor's name		Supervisor's Phone #		Employment dates		Start:	End:	
	Co-Applicant	Employer		Address		City		State	Phone #
		Supervisor's name		Supervisor's Phone #		Employment dates		Start:	End:

Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be induced for qualification.
 Additional Income; Source: _____ Amount: _____ Per: _____

AUTO	Year, Make, Model		Color		License plate number		State
	Year, Make, Model		Color		License plate number		State

CONTACT	In case of emergency; please provide us with the following information:				
	Nearest relative	Address		Phone	Relationship
	Emergency Contact	Address		Phone	Relationship

Miscellaneous:

For Office Use Only:

Have you ever been EVICTED from any residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a FELONY offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant or any occupant listed above have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit # _____ Term Of Lease _____ Rent \$ _____ Move In Date _____ Security Deposit \$ _____ Application Fee \$ _____
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Upon signing, the applicant(s) recognize that an investigative report may be prepared whereby information is obtained through interview, credit report, and criminal check. This includes information as to your character, general reputation, credit, and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application. The applicant(s) appearing below hereby authorize the holder of the application to investigate the above mentioned, and authorizes the release of any and all requested information that the owner or agents deem necessary in determining the status of this application.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____ Leasing Agent _____ Date _____



This management office does not discriminate against any person based on race, color, religion, sexual orientation, national origin, familial status, or disability.