



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.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____		DRIVERS LICENSE #	STATE	
PHONE - -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - -	EXT.	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		

There is a \$_____ charge to run this application that may include credit check and or background checks

Please be aware that if the property has an HOA, CONDO or Property Management Company They may require an additional application fee to be paid to them for every adult or pets.
All application Fee's are NOT refundable regardless if accepted or not.

PROPOSED OCCUPANT(S)

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

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

INCOME

CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - -	EXT: YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - -	EXT: YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

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 applicants 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.

APPLICANT SIGNATURE	DATE
X _____	