



TENANT APPLICATION FORM



PLEASE NOTE: A non-refundable* processing fee of **\$15.00 per single person** (\$25 for married couple) must be submitted with this Rental Application.

Property Information

Address:	Rent \$	Deposit \$
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Applicant History Picture ID of applicants yes no

Applicant's Full Name (Last, First, Middle Initial)		Date of Birth	Social Security #	Driver License #
Phone # Home	Phone # Work	Email:		
Co Applicant/Spouse Full Name (Last, First, Middle Initial)		Date of Birth	Social Security #	Driver License #
Phone # Home	Phone # Work	Email:		

Applicant's Present Address	City	Zip	Dates From - To	
Monthly Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Apartment <input type="checkbox"/> House	
Present Landlord's Name	Address	City	Zip	Phone #

Reason for Leaving:

Applicant's Prior Address	City	Zip	Dates From - To	
Monthly Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Apartment <input type="checkbox"/> House	
Prior Landlord's Name	Address	City	Zip	Phone #

Reason for Leaving

Other Occupants (besides applicants noted above)

1 -(Last, First, Middle Initial)	Age	2 -(Last, First, Middle Initial)	Age
3 -(Last, First, Middle Initial)	Age	4 -(Last, First, Middle Initial)	Age

Does Applicant or any Proposed Occupant smoke? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you own a pet? <input type="checkbox"/> yes <input type="checkbox"/> no Number of pets: _____	Type: _____

Employment

Current Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source

Prior Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source

Spouses Employment

Current Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source

Prior Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source

Personal Reference:

Name of Nearest Relative:	Relationship:	Phone:
Reference 1:	Relationship:	Phone:
Reference 2:	Relationship:	Phone:

Emergency Contact (Name, address, phone, relationship):

Financial Info

Checking: bank and branch (include City/State)	Account #
Savings: bank and branch (include City/State)	Account #
Have you ever filed bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no	County/State where filed: _____ What year?
Have you or any proposed occupant ever: Been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no Describe:	
Been evicted from a rental? <input type="checkbox"/> yes <input type="checkbox"/> no Describe:	
Defaulted on a lease? <input type="checkbox"/> yes <input type="checkbox"/> no Describe:	

Consent to Verification of Credit and other Information

I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statements will be grounds for disapproval of my Application or termination of my lease with Owner.

I understand and agree: (i) this is an **application** to rent only and does not guarantee that I will be offered the property, and (ii) Landlord or Manager or Agent may accept more than one application for the Property and, using their sole discretion, will select the best qualified applicant. I hereby authorize the Landlord, Manager, or Agent to verify the information provided and obtain a credit report on me.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____