

**RENTAL APPLICATION**

**UNIT INFORMATION:**

DATE: \_\_\_\_\_ UNIT APPLIED FOR: \_\_\_\_\_ GARAGE # \_\_\_\_\_ APPLICATION FEE: \_\_\_\_\_

MONTHLY RENT: \$ \_\_\_\_\_ .00 DEPOSIT: \$ \_\_\_\_\_ .00 MOVE-IN DATE: \_\_\_\_\_ Lease term \_\_\_\_\_

\*\* Money Order, Cashier's Check or Personal Checks are accepted \*\* Deposit and Application Fee must be separate payments\*\*

How did you hear about our property? \_\_\_\_\_

What impressed you the most to reside at the complex? \_\_\_\_\_

**PERSONAL INFORMATION:**

1. TENANTS NAME: \_\_\_\_\_ SS# \_\_\_\_\_

2. SPOUSES NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ Apt./POBox # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW LONG AT ADDRESS: \_\_\_\_\_ RENT/MORTGAGE AMOUNT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BIRTHDATE: 1. \_\_\_\_\_ 2. \_\_\_\_\_

DRIVERS LICENSE #: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE/PICTURE I.D.)

**NAMES OF OTHERS WHO WILL RESIDE IN APARTMENT, AGE, BIRTHDATE, RELATIONSHIP:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

VEHICLE: 1. (MAKE, MODEL, YEAR, LICENSE) \_\_\_\_\_

VEHICLE: 2. (MAKE, MODEL, YEAR, LICENSE) \_\_\_\_\_

PETS: \_\_\_\_\_ DESCRIBE: \_\_\_\_\_ BRINGING A WATERBED: YES/NO

**REFERENCES:**

PRESENT LANDLORD: \_\_\_\_\_

LANDLORDS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANDLORDS ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN GIVEN A NOTICE OF EVICTION, LEASE TERMINATION OR LEASE NON-RENEWAL OR BEEN SUED FOR NON-PAYMENT OF AMOUNTS CLAIMED BY A LANDLORD?  YES  NO

IF YES, GIVE DETAILS: \_\_\_\_\_

**PERSONAL REFERENCE:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION:**

1. EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #:

SUPERVISOR: \_\_\_\_\_ PHONE #:

YOUR POSITION: \_\_\_\_\_ ARE YOU SUBJECT TO TRANSFER? \_\_\_\_\_

GROSS INCOME PER MONTH: \_\_\_\_\_ NET: \_\_\_\_\_

(PLEASE BE PREPARED TO SUPPLY A COPY OF YOUR MOST RECENT PAYCHECK)

2. EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#:

SUPERVISOR: \_\_\_\_\_ PHONE#:

YOUR POSITION: \_\_\_\_\_ ARE YOUR SUBJECT TO TRANSFER? \_\_\_\_\_

GROSS INCOME PER MONTH: \_\_\_\_\_ NET: \_\_\_\_\_

