

RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: _____ DATE OF APPLICATION: _____

APPLICANT'S LAST NAME: _____ UNIT SIZE: _____ MANAGER INITIALS _____

Bedrooms: Efficiency 1Br. 2 Br. 3 Br. 4Br.

HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY UNIT			MI	SS#	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)
LAST NAME	FIRST						
Head							
2							
3							
4							
5							

PRESENT ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____
HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____
AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____
REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____
HOW LONG AT PREVIOUS ADDRESS? _____ OWN OR RENT? _____
AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____
REASON FOR MOVING: _____

GENERAL INFORMATION

HAVE YOU EVER BEEN EVICTED? YES ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ No ___

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES ___ NO ___ IF SO, EXPLAIN: _____

ALL SOURCES OF INCOME MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.

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INCOME	APPLICANT YES NO		CO-APPLICANT YES NO		OTHER APPLICANT YES NO	
Salary/Wages						
Overtime						
Commission/Tips/Bonuses						
Business/Self Employment						
Social Security						
Pension						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary and Non-Monetary Gifts						
Armed Forces Special Pay/Allowances						
Other:						

PLEASE LIST ALL AMOUNTS OF INCOME CHECKED YES ABOVE.

HOUSEHOLD	SALARY/WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	OTHER	TOTAL
Head	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$

ALL SOURCES OF ASSETS MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.

ASSETS	APPLICANT YES NO		CO-APPLICANT YES NO		OTHER APPLICANT YES NO	
Checking Account						
Savings Account						
Trust Fund						
Real Estate (land, home, property)						
Stocks/ Bonds						
Treasury Bill						
Certificate of Deposit						
Money Market Fund						
Retirement Account						
Annuity						
Whole Life Insurance Policy						
Other:						

PLEASE PROVIDE INFORMATION FOR ALL ASSETS CHECKED YES ABOVE.

BANK ACCOUNTS:			
HOUSEHOLD MEMBER'S NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE

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REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBER'S NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Have you disposed of any other assets in the last 2 years? Yes ___ No ___ Market value when sold \$ _____
 If yes, please describe asset(s): _____

Do you have any other assets not listed above (excluding personal property)? Yes ___ No _____
 If yes, describe _____

VEHICLE INFORMATION: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____



CREDIT INQUIRY

PROPERTY _____ DATE _____

APPLICANT _____

(Last Name, First Name, Middle., (Jr.))

CURRENT ADDRESS _____

City/State _____ Zip _____

*FORMER ADDRESS _____

(Complete if current address less than 2 yrs.)

City/State _____ Zip _____

Employment (Company) _____

Job Title _____

City/State _____ Zip _____

DATE OF BIRTH _____ SS # _____

CO-APPLICANT _____

(Last Name, First, Middle, (Jr.))

CURRENT ADDRESS _____

City/State _____ Zip _____

*FORMER ADDRESS _____

(Complete if current address less than 2 yrs.)

City/State _____ Zip _____

Employment (Company) _____

Job Title _____

City/State _____

DATE OF BIRTH _____ SS# _____

I hereby give my permission and authorize _____ to obtain my credit report.

Applicant

Date

Co-Applicant

Date

