

# Application to Rent

Individual application required from each occupant 18 years of age or older, with all sections completed.

Last Name		First Name		Middle Name		Social Security Number	
Date of Birth		Driver's License Number		State Exp.Date		Home Phone Number	
Cell Phone Number ( )		Work Phone Number ( )		Email Address			
Present Address				City		State Zip	
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number ( )		
Reason for Moving							
Previous Address				City		State Zip	
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number ( )		
Reason for Moving							
Previous Address				City		State Zip	
Date In	Date Out	Owner/Manager Name			Owner/Manager Phone Number ( )		
Reason for Moving							
List All Proposed Occupants in Addition to Yourself		Name		DOB	Name		DOB
		Name		DOB	Name		DOB
Present Occupation		Salary \$		<input type="checkbox"/> week <input type="checkbox"/> month	Employer Name		
How long with this employer?		Phone Number ( )		Employer Address			
Name of your supervisor				City		State Zip	
Prior Occupation		Salary \$		<input type="checkbox"/> week <input type="checkbox"/> month	Employer Name		
How long with this employer?		Phone Number ( )		Employer Address			
Name of your supervisor				City		State Zip	
<p>Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.</p>							
Date _____		Applicant _____					



Account Number	Name of Your Bank	Branch or Address
Checking		
Savings		

Name of Creditor	Address	Phone Number	Mo. Pmt. Amt
1.		( )	\$
2.		( )	\$
3.		( )	\$

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number ( )

Personal References \_\_\_\_\_ Phone Number \_\_\_\_\_

1. \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_ Will you have pets? \_\_\_\_\_ Describe: \_\_\_\_\_

Liquid filled furniture? \_\_\_\_\_ Describe: \_\_\_\_\_ Have you ever filed bankruptcy? \_\_\_\_\_

Have you ever been evicted or asked to move? (describe) \_\_\_\_\_

Have you ever been convicted of a crime against persons or property? (describe) \_\_\_\_\_

Have you ever used other names? \_\_\_\_\_ If so, list \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_

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Date \_\_\_\_\_ Applicant \_\_\_\_\_

