



APPLICATION TO RENT

Complete separate application for each adult tenant.



1 Name: _____ Social Security #: _____
LAST FIRST MIDDLE

2 Driver's Lic./ID #: _____ State _____ Birthdate _____
MONTH — DAY — YEAR

3 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

CURRENT

Address: _____
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. \$ _____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

4 PREVIOUS

Address: _____
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. \$ _____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

5 SECOND PREVIOUS

Address: _____
STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): _____ To: _____ Last Rent Paid: Month _____ Amt. \$ _____

Owner/Manager _____ Tel: _____ Reason for Leaving _____

CURRENT EMPLOYMENT

Company Name _____ Address _____

Company Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

PREVIOUS EMPLOYMENT

Company Name _____ Address _____

Phone _____ Occupation/Position _____ Type of Business _____

Name of Supervisor _____ Dates of Employment - From: _____ To: _____ Monthly Salary _____

WHEN DO YOU PLAN TO MOVE IN? Date: _____

Applicant represents that the statements made are true and correct. By check delivered with this Application, Applicant shall pay an administrative fee as allowed by law for application consideration and said fee includes the cost of a required credit check. If Applicant's check is returned unpaid for any reason, Applicant remains liable for payment of the fee forthwith. Applicant applies to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. _____ at _____

for \$ _____ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ _____ and a security deposit in the amount of \$ _____.

Applicant Signature _____ Date _____

For purposes of credit & rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.

☐ If this box is checked there shall be no additional occupant(s).

Name _____ Age _____ Relationship _____

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ADDITIONAL INFORMATION

1. Have you ever had any credit problems? ☐ Yes ☐ No

2. Have you ever had an unlawful detainer filed against you? ☐ Yes ☐ No

3. Have you ever been evicted for non-payment of rent or for any other reason? ☐ Yes ☐ No

4. Have you ever filed bankruptcy? ☐ Yes ☐ No

5. Have you ever been convicted of a felony. ☐ Yes ☐ No

6. Do you have any pets? ☐ Yes ☐ No If Yes, How many? _____ Describe: _____

7. Will you be using any water-filled furniture in your residence? ☐ Yes ☐ No

If Yes, do you have insurance coverage? ☐ Yes ☐ No

8. Do you have any musical instruments? ☐ Yes ☐ No If yes, what kind _____

9. Do you smoke? ☐ Yes ☐ No Does any other proposed occupant smoke? ☐ Yes ☐ No

10. Please explain any "YES" answers. _____

BANKING INFORMATION

Name of Bank/S&L/Credit Union _____ Branch or Address _____

Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____

Name of Bank/S&L/Credit Union _____ Branch or Address _____

Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____

Other sources of income _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

Company Name _____ Address/City: _____

Account #: _____ Present Balance _____ Monthly Payment: _____

EMERGENCY CONTACT

Name: _____ Address _____

Relationship _____ Phone (_____) _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Are you the registered owner? ☐ Yes ☐ No If not who? _____

Year _____ Make _____ Model _____ Color _____ License # _____ State _____

Year _____ Make _____ Model _____ Color _____ License # _____ State _____