



Rental Application

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).

Please fill out this form **COMPLETELY** and sign where indicated.

If additional space is needed, please use the "Notes" section at the end of the form.

Applicant Information

Name:		
Date of birth:	SSN:	Driver license / State:
Home phone:	Work phone:	Cell phone:
Email:	Other names used:	

Rental History

Current address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:	Dates at this address:
Landlord Name:	Landlord Contact:	
Reason For Leaving:		
Previous address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Monthly payment or rent:	Dates at this address:
Landlord Name:	Landlord Contact:	
Reason For Leaving:		

Proposed Occupant(s)

Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:

Proposed Pet(s)

Name:	Type/Breed:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:
Name:	Type/Breed:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:
Name:	Type/Breed:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:

Vehicle(s) Information

Year:	Make:	Model:	Color:	Plate #:	State:
Year:	Make:	Model:	Color:	Plate #:	State:

Income

Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source:	Proof Of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source:	Proof Of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source:	Proof Of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Information			
Current employer:		Position:	
Employer address:		City/State/Zip:	
Supervisor/Contact:		Dates Employed:	
Phone:	E-mail:	Fax:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Hours/Week	Income:	

Previous Employer			
Current employer:		Position:	
Employer address:		City/State/Zip:	
Supervisor/Contact:		Dates Employed:	
Phone:	E-mail:	Fax:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Hours/Week	Income:	

Bank Account Information			
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Bank:	Account Number:	Branch:
Saving Account <input type="checkbox"/> Yes <input type="checkbox"/> No Name Of Bank	Name Of Bank:	Account Number:	Branch:
Other Similar Account(s)	Name Of Bank:	Account Number:	Branch:

Credit Card / Loan Information				
Type of Loan:	Name of Creditor:	Account Number:	Balance Owed:	Monthly Payment:
Type of Loan:	Name of Creditor:	Account Number:	Balance Owed:	Monthly Payment:
Type of Loan:	Name of Creditor:	Account Number:	Balance Owed:	Monthly Payment:
Type of Loan:	Name of Creditor:	Account Number:	Balance Owed:	Monthly Payment:
Type of Loan:	Name of Creditor:	Account Number:	Balance Owed:	Monthly Payment:

Reference / Emergency Contact		
Emergency Contact:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relation:	Address:	City/State/Zip:
Reference Contact:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relation:	Address:	City/State/Zip:
Reference Contact:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work
Relation:	Address:	City/State/Zip:

Applicant Questionnaire	
Has applicant ever been sued for bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever broken a Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant pay child support or other regular payment? If so, how much?	
Where did you learn about this apartment?	

