## **APPLICATION TO RENT**

(all sections must be completed)

Individual applications required from each proposed occupant 18 years of age or older

## **APPLYING FOR:**

Apt No Located at						
How did you hear about rental? Name:						
Last	First					
Social Security #:						
LIST ALL ADDITIONAL OCCU	IPANTS WHO WILL RE	SIDE IN UNI	Т			Month-Day-Year
Name:					Date	e of Birth:
Name:						
RENTAL HISTORY 1. Current Address:						
Address: Street How Long? From (Month/Year)	: To:	Unit#	Rent Paid:	City	State	Zip
Owner/Manager:	Tel:		Reason for	leaving:		
2. Previous Address:						
Street How Long? From (Month/Year)		Unit#	Rent Paid:	City	State	Zip
Owner/Manager:						
3. Second Previous Address:						
Street How Long? From (Month/Year)	: To:		Rent Paid:			Zip
Owner/Manager:	Tel:		Reason for	leaving:		
CURRENT EMPLOYMENT						
Company Name:		Addr	ess:			
Phone:	Occupation:			Monthly	Salary: \$	
Name of Supervisor:		Dates of	Employmen	nt - From:		To:
PREVIOUS EMPLOYMENT						
Company Name:		Addr	ess:			
Phone:	Occupation:			Monthly	Salary: \$	
Name of Supervisor:		Dates of	Employmer	nt - From:		To:
ADDITIONAL INFORMATION  1. Have you ever had any credi 2. Have you ever had an unlaw 3. Have you ever been evicted 4. Have you ever filed for banks 5. Have you ever been convicte 6. Do you have any pets? 7. Will you be using any water-f 8. Have you ever used other na 9. Do you receive income other Source:	ful detainer filed against y for non-payment of rent of ruptcy?  Yes No ed of a felony? Yes  Yes No If yes, H filled furniture in your resi ames?  Yes No e than salary? Yes	you?	er reason?  nat Des  /es □ No  nany? s, Source?	cribe: List: _	When _	

BANKING INFOR Name of Bank/S&	MATION 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	Approx. Bal Savings#:		. Bal				
CREDIT REFERE	NCES (Credit Cards/Car Payment	s/Other Loans)						
Company Name:		Address/City: _						
Account#:	ot#: Monthly Payment:							
Company Name:		Address/City: _						
Account#:	Presen	Present Balance: Monthly Payment:						
Company Name:		Address/City: _						
Account#:	Presen	t Balance:	Monthly Payme	ent:				
PERSONAL REFI	ERENCES							
Name	Address & City	Phone	Time Known	Relationship				
		( )						
		( )						
EMEDICENCY CO	ANTACT							
EMERGENCY CO		draga						
	Ad							
•			,					
• •	able Automobiles including Truck	_	•	Ctata				
	xe: Model: xe: Model:							
including, but not Owner/Agent is a expressly authorize	nts that all of the above statement limited to, the obtaining of a credit return uthorized to obtain a credit report, see Landlord to contact all persons of this Application.	report and agrees to now and in the future	furnish additional credi re, as evidenced by si	t references on request. gning below. Applicant				
myself including of character, work had employers. I und public and private	my application for rental and/or erconsumer, criminal, driving and othabits, performance and experience a erstand that information will be req, which maintain records concerning all as claims involving me in insurance.	er reports. Employmalong with reasons for uested from various g my past activities re	nent reports may include r termination of past en federal, state and othe	de information as to my nployment from previous or agencies and entities,				
the above mention	nt reservation, any party or agency on ned information and any other infor armless all requesters and suppliers	mation related theret	to. Further, I will relea					
above and upon a	makes application to rent housing a pproval of this application agrees to s before occupancy. <b>Fraudulent in</b>	sign a rental or lease	e agreement and to pay	y all sums due, including				
Date:	,	Applica	nt					
		Applica	HL					



