

A & B PROPERTY MANAGEMENT

RENTAL APPLICATION INFORMATION

PERSONAL INFORMATION:

Applicant's Full Name: _____

Have you ever used another name(s)? Yes/No If Yes,

Name(s) _____

Drivers License# _____ State _____ Phone No. _____

Social Security No. ____ - ____ - ____ Date Of Birth _____

List Below any other person(s) who will reside with you:

NAME: _____ Age ____ Relationship: _____

NAME: _____ Age ____ Relationship: _____

NAME: _____ Age ____ Relationship: _____

NAME: _____ Age ____ Relationship: _____

Have Pets? Yes/No If Yes, How many? _____ Breed: _____

Do you, or any of the persons residing in this unit smoke? YES/NO

Name of the nearest living

Relative _____ Phone: _____ Relation: _____

Contact incase of an emergency:

_____ Phone: _____ Relation: _____

RESIDENCE:

Current Address: _____

City: _____ State: _____ Zip: _____

How long at this address? From: _____ To: _____

Rent Amount: _____

Current Landlord or Mtg Holder: _____

Phone: _____

Reason for moving:

Is your release expired? Yes/No If not, when is the lease expired? _____

Previous address #1: _____

How long as this address? From _____ To _____ Rent Amt: _____

Previous Landlord or Mgt Holder _____ Phone: _____

Reason for Moving _____

Previous address #2: _____

How long as this address? From _____ To _____ Rent Amt: _____

Previous Landlord or Mgt Holder _____ Phone: _____

Reason for Moving _____

Have you ever been the subject of an eviction preceding or settlement whether or not a suit was actually filed? Yes/No

If Yes please explain, including dates, rental premises, address, and contact information for property owner and property manager.

CRIMINAL HISTORY:

1. Have you or any other intended occupant, including minors, ever been charged (whether or no resulting in a conviction) or convicted, or plead guilty or "no contest" to a felony? Yes/No
2. Have you or any other intended occupant, including minors, ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct or the manufacturing of drugs whether or not resulting in a conviction? Yes/No
3. Are you or any other intended occupant, including minors, required to register as a violent or Sex Offender in any jurisdiction? Yes/No

EMPLOYMENT INFORMATION:

Employer #1: _____ Start Date: _____ End Date: _____

Employer Address _____ Phone: _____

Position: _____ Monthly Income: _____ Supervisor: _____

Reason For Leaving: _____

Employer #2: _____ Start Date: _____ End Date: _____
Employer Address _____ Phone: _____
Position: _____ Monthly Income: _____ Supervisor: _____
Reason For Leaving: _____

Other Sources of Income: (Include financial Aid, Social security, family assistance)

_____ \$ _____ Amount
_____ \$ _____ Amount
_____ \$ _____ Amount

Have you ever filed for Bankruptcy? Yes/No If yes, explain _____
Are there any judgements against you? Yes/ No If Yes, explain _____

AUTOMOBILE INFO:

Make: _____ Model: _____ Year: _____ Color: _____
Make: _____ Model: _____ Year: _____ Color: _____

REFERENCES:

1. Name: _____ Relation: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____

ApplicantsSignature: _____ **Date:** _____