APPLICATION TO RENT



| Individual applications required from each adult occupant (All sections must be completed) | | | Date Time | | |
|--|--|---------------------------------------|--|-----------------------------------|--|
| Last Name | First Name | | Date of Birth | | |
| Social Security # | | | State | | |
| Home Phone | Work | Work PhoneAlt Phone | | | |
| Email Address | | Anticipated Move-In Date | | | |
| Present Address | City State Zip | | | | |
| Date In: Date Out | ::Owner/Rep | resentative Name | Phone | | |
| Reason for Leaving | | | | | |
| Previous Address | | | | Zip | |
| | | | | Phone | |
| Reason for Leaving | | | | | |
| Name & Age of Other A | Applicants | | | | |
| Age | Name | Date of Birth | Social Security # (required if over 18 yrs old) | Drivers License # | |
| | | | (required in ever registere) | | |
| | | | | | |
| | | | <u> </u> | | |
| I. Present Occupation | | | Employer Name Phone # | | |
| | | | | | |
| | | | State | | |
| Current Gross Income | | | | | |
| | | | ame | | |
| | | | Phone # | | |
| | | | State _ | | |
| Financial Obligations: Plo | ease list financial obligation | ons and monthly payment | | | |
| Name of Bank | | Address | | Checking Savings | |
| Emergency Contact: | | Phone # | | Relationship | |
| | | | ne against persons or property, se | | |
| drug/alcohol related crimes? | - | | | | |
| If so when/why | | | | | |
| Been evicted?If so | | | | | |
| | • | | | | |
| • | | | | | |
| criminal reports, and obtaining of c will be legal to reside in the United | redit reports and agrees to fur d States. | nish additional credit references | verification of the above items includir on request. Applicant also attests tha | it all occupants of the apartment | |
| The rental for which is \$ | per month. Upon approva | ıl of this application, applicant agı | rees to sign a rental or lease agreeme lent in above stated time the landlord | nt within 3 days of approval, and | |
| An application fee of \$be refundable according to state a | | litional fee may be required for | alias' or aka's). A Deposit of \$ | is required and can | |
| origin, disability, familial status or sou | rce of income. | | wner does not discriminate on the basis | <u>-</u> | |
| Dated: | , 20 , 20 | Signed | | | |
| Dated: | , 20 | Signed | | | |
| Please return this application to | | | | | |
| At | | | | | |