

IN-TOWN HOLDINGS MANAGEMENT

RENTAL APPLICATION

PERSONAL DATA

Name	Social Security No.
Email:	Birthday MM/DD/YY:
Name of Co-Tenant	Drivers Lic. No. Expir. Date
	Social Security No.
Email:	Birthday MM/DD/YY:
	Drivers Lic. No. Expir. Date
Current Address	How long at Current Address? _____
City/State/Zip _____	Home Phone _____
Landlord Name _____	Landlord Phone _____
Why are you leaving? _____	
Cell Phone:	Home Phone:
	Business Phone:
How long at current address:	Landlord Name
	Landlord Phone
Current Rent	Rent Paid Through
	Current Lease Expires
Why are you leaving? _____	
Occu- Relationships:	Do you have Pets? If so, how many/what?
pants Ages:	
Previous Address (prior to current address)	How long at Previous Address? _____
City/State/Zip _____	Home Phone _____
Landlord Name _____	Landlord Phone _____
Why did you leave? _____	

OCCUPATION

	YOUR PRESENT OCCUPATION*	YOUR PRIOR OCCUPATION*	CO-TENANT'S OCCUPATION
Dates Employed			
Employer			
Business Address			
Business Phone			
Position Held			
Name/Title of Supervisor			
Monthly Gross Income			
Reason for Leaving			

CREDIT /Bank E	ACCOUNT NO.	ADDRESS	HIGHEST AMOUNT OWED	PURPOSE OF CREDIT	ACCOUNT OPEN (CLOSED)
PERSONAL REFERENCE	ADDRESS		PHONE	LENGTH OF ACQUAINTANCE	OCCUPATION
NEAREST RELATIVE	ADDRESS		PHONE	CITY	RELATIONSHIP
EMERGENCY CONTACT	ADDRESS		PHONE	CITY	RELATIONSHIP

Have you ever been evicted from any tenancy? YES [] NO [] Have you ever had a foreclosure/repossession?
If Yes, Why? _____

Have you ever filed for bankruptcy? YES [] Date: _____ NO [] If yes, Chapter 7 [] or Chapter 13 []
If Yes, Why? _____

Have you ever willfully and intentionally refused to pay any rent when due? _____
If Yes, Why? _____

Have you ever been convicted of a crime, other than a traffic violation? YES [] NO []
If yes, explain: _____
Name of your attorney: _____

OTHER INFORMATION – Other persons (including children) who will be living in the dwelling unit.

Name _____ Name _____ Name _____

NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fee

Does anyone smoke? YES [] NO []

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE#	STATE	MONTHLY PMT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT.

I agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above.

Applicant Name: _____ Signature: _____ Date: _____

Co-Applicant Name: _____ Signature: _____ Date: _____