

# Lease Application

Property Address \_\_\_\_\_ Date \_\_\_\_\_

*\*Please provide a separate application for each adult\**

## 1. Applicant

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Drivers license # \_\_\_\_\_ State: \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Present Address: \_\_\_\_\_

How long: \_\_\_\_\_ (If less than 3 years must provide a 3 year history including Landlord information on page 2)

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Landlord address: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

## 2. Applicant's Present Employment

Present Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ (If less than 3 years must provide a 3 year work history on page 2)

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Income Amount: \_\_\_\_\_ Date(s) of when you receive paycheck : \_\_\_\_\_

## 3. Other sources of income:

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

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## 4. Other occupants: (each adult should complete additional application and attach)

Name: \_\_\_\_\_ Smoker? \_\_\_\_\_ Age: \_\_\_\_\_

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Name: \_\_\_\_\_ Smoker? \_\_\_\_\_ Age: \_\_\_\_\_

## 5. Pets

Breed: \_\_\_\_\_ Maximum predicted weight: \_\_\_\_\_

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## 6. Automobiles

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

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**7. Has Applicant or any of the intended occupants listed above:**

Ever been convicted of a felony? \_\_\_\_\_ If so what? \_\_\_\_\_

Ever been required to register as a sex offender in any state? \_\_\_\_\_ If yes, which state(s)? \_\_\_\_\_

Ever been evicted? \_\_\_\_\_ Ever broken a lease? \_\_\_\_\_

**In case of emergency contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you own a lawnmower? \_\_\_\_\_ Make and model? \_\_\_\_\_

**Additional residence ,Landlord, and work history with dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification and Evaluation of Data Supplied by Applicant**

The undersigned Applicant declares that all statements made in this application are true, correct and complete. The Applicant hereby authorizes the Landlord and Landlord's authorized agents to verify any information contained in this application, which verification may include, but is not limited to, a criminal background check, contacting one or more credit agencies in order to run a credit check, and/or contacting other individual's described in this application. The undersigned Applicant hereby authorizes any agency or individual contacted by Landlord to release to Landlord the information requested and described herein and releases and holds harmless any such party from any damages for providing such information in good faith. This authorization to verify data and conduct one or more credit and/or background checks shall continue through and after the expiration of any lease if the Property Applicant and Landlord may enter into and may be used to assist Landlord in the collection of amounts due to owing under said lease.

**Failure of Applicant to provide thorough and accurate information in this application may result in a rejection of this application and may be grounds for termination of any lease Applicant and Landlord may enter into.**

Signed and agreed to by Applicant:

\_\_\_\_\_  
\_\_\_\_\_

*(Applicants Printed Name)*

**Must include a copy of: ID (driver's license) and a current pay stub**

Return to: Roger@rogermcentire.com

Fax: (770) 445-7600

**Incomplete applications will NOT be processed.**