

## Rental Application:

Applicant's Name: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-Applicant/Spouse: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Street or PO Box Number

City State Zip Code Phone

Disabled or Handicapped \_\_\_\_\_ Elderly \_\_\_\_\_ Full-Time Student \_\_\_\_\_

Has anyone in the household ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Has anyone in the household ever lived in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

### List Below All Persons Who Will Live In The Household:

Date of Birth

Social Security #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

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

Street or PO Box Number

City State Zip Code Phone

**Banking References**

Name of Bank: \_\_\_\_\_

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

City State Zip Code Phone

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Credit References**

Name of Creditor Address Account Number

\_\_\_\_\_

\_\_\_\_\_

**Employment Information**

Applicant's Employer \_\_\_\_\_

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

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

Street or PO Box City State Zip Code

Wages: \$ \_\_\_\_\_ Per Household/Wk \_\_\_\_\_ How Long \_\_\_\_\_

If Welfare Recipient. County: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Other Family Income**

Social Security, Child Support, Pension, V.A. Assets/Interest Income, Parental Support, etc.

\_\_\_\_\_ Who Receives

Source Amount

Who Receives Source Amount

**Automobiles**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Present Landlord/Resident Manager's Name: \_\_\_\_\_

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

Street or PO Box Number

\_\_\_\_\_  
City State Zip Code Phone

Current Rent:\$ \_\_\_\_\_ Current Utilities: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

How Long at Present Address: From: \_\_\_\_\_ To: \_\_\_\_\_

How Many Times Have You Moved in the Past Three Years: \_\_\_\_\_

Name and Address of Previous Landlords/Resident Managers:

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

Street or PO Box Number

\_\_\_\_\_  
City State Zip Code Phone

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

Street or PO Box Number

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

Street or PO Box Number

\_\_\_\_\_  
City State Zip Code Phone

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

Street or PO Box Number

### Personal References

Persons of authority or good standing in the Community **Not related to applicant or CO-applicant**

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

Street or PO Box Number

\_\_\_\_\_  
City State Zip Code Phone

**All Information obtained on this application is for management purposes only in determining you eligibility for an apartment.**

**You are required to put a holding fee of \$ \_\_\_\_\_ toward the rental of an apartment.  
You will have 10 days to notify management of a decision change in obtaining an apartment.  
After 10 days you forfeit the amount listed above.**

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**Applicant's Signature**

**Date**

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**Applicant's Signature**

**Date**