



## **Instructions & Checklist Residential Rental Application**

This package contains (1) Instructions & Checklist for Residential Rental Application; (2) Information for Residential Rental Application; and (3) Residential Rental Application;

The rental application should be signed by the prospective Tenant and by any spouse that will be residing on the premises.

If a second adult will be renting the premises, they should complete a separate rental application form.

The Landlord will perform a thorough investigation of the prospective Tenant (and Tenant's spouse) based on the information provided in the Application. Landlord will keep copies of any correspondence relating to the Application and written notes of any telephone conversations with and relating to the prospective Tenant(s).

The Landlord will keep the original Application.

Landlord does not discriminate against any Applicant on any illegal or unlawful basis, including race, color, religion, sex, national origin, age, disability, family status, sexual orientation or any other basis prohibited by local and/or state laws.

These forms are not intended to be and are not a substitute for legal advice.

Natod Management is an agent acting in the owner's or landlord's interest and may only show properties to prequalified applicants.

**Application checklist:** (please include with your application):

\_\_\_ Copy of Drivers License

\_\_\_ Proof of income

\_\_\_ \$25 application fee (per two applicants on one form)

**Information**  
**Residential Rental Application**

Please note that this information is not intended as and is not a substitute for legal advice

**RESIDENT SELECTION CRITERIA**

**Income:** Monthly gross income of at least 2.5 to 3 (two and a half to three) times the rent amount is required.

**Credit:** Preference is given to applicants with a history of on time payments.

**Pets:** Preference is given to applicants without pets. Certain pets may be accepted; however, the rent may be raised or a separate pet deposit may be required. (Some property owners do not allow pets under any circumstances, and are cause for eviction if acquired after move-in.)

**Smoking:** Some property owners do not allow smoking.

**Number of occupants:** Occupancy is limited to two persons per bedroom.

**APPLICATION PROCESS**

The first applicant(s) will be considered that provides;

1. A completed, signed Rental Application with accurate information and pays the non-refundable \$25.00 application fee.
2. Brings copies of all applicable Identification of all adults that will be residing in the home, and proof of income for the applicant and co-applicant.
3. Submits all verifying information/documents needed such as pay stubs or other proof of income, present/previous landlord phone numbers, and any other documents that may be required

I have read and understand the residential selection criteria, application process, and agency disclosure. I understand that all deposits and fees are non-refundable. I declare that the statements contained herein are true and correct. I authorize Natod Management to obtain information on my rental / credit / criminal / employment / source of income history by contacting any references necessary. I agree to reimburse Natod Management for all charges associated with verification of employment immediately upon demand.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Applicant's Signature

\_\_\_\_\_  
Date

**RESIDENTIAL RENTAL APPLICATION**

Landlord:	
Address of Rental Property:	
Desired date of occupancy:	Desired length of occupancy:

**APPLICANT INFORMATION**

Name:	Date of Birth
Social Security No.: - -	Driver's License No:
Cell Phone:	Email:

**RENTAL HISTORY**

Present Address:	
City:	State/Zip:
How long at present address:	Home Phone No.: ( )
Current rent payment:	Reason for moving
Landlord's Name:	LL Phone No.:

Prior Address	
City:	State/Zip
How long at prior address	
Current rent payment:	Reason for moving
Landlord's Name:	LL Phone No.: ( )

**SPOUSE INFORMATION (if applicable)**

Name of Spouse:	Date of Birth
Social Security No.: - -	Driver's License No:
Cell Phone:	Alternate #:

**NAMES OF OTHER TENANTS, INCLUDING CHILDREN AND ANYONE WHO WILL LIVE WITH YOU (EVEN ON A TEMPORARY BASIS)**

No. of occupants:	Adults:	Children:
Name	Adult: <input type="checkbox"/>	Child's Age:
Present address:	Relationship:	
How Long at address:	Occupation/School:	
Name	Adult: <input type="checkbox"/>	Child's Age:
Present address:	Relationship:	
How Long at address:	Occupation/School:	
Name	Adult: <input type="checkbox"/>	Child's Age:
Present address:	Relationship:	
How Long at address:	Occupation/School:	

**IF A SECOND ADULT WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE A SEPARATE RENTAL APPLICATION FORM.**

**VEHICLES**

Vehicle Model:	Year:	Vehicle Model:	Year:
License No.:		License No.:	

**PETS**

Yes  No

Name:	Name:
Type/Breed:	Type/Breed:
Weight: <input type="checkbox"/> 0-19 LBS <input type="checkbox"/> 20-39 LBS <input type="checkbox"/> 40+	Weight: <input type="checkbox"/> 0-19 LBS <input type="checkbox"/> 20-39 LBS <input type="checkbox"/> 40+

**MISCELLANEOUS**

Water bed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Smokers: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you own real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain where:

Have you ever been evicted from any rental premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

**CURRENT EMPLOYER:**

Employer:	Business Phone: ( )
Position:	How long:
Supervisor	Income: Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Other Income: Assistance \$	Child support/Alimony\$ Other \$

**SPOUSE'S CURRENT EMPLOYER:**

Employer:	Business Phone: ( )
Position	How long:
Supervisor	Income: Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Other Income: Assistance \$	Child support/Alimony\$ Other \$

**NEAREST RELATIVE NOT LIVING WITH YOU:**

Name	
Address	
Relationship	Home Phone No.: ( )

**EMERGENCY CONTACT (IN CASE OF DEATH):**

Name	
Address	
Relationship	Home Phone No.: ( )

**CREDIT/PERSONAL REFERENCES:**

Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
Relationship:	Relationship:

**BANK REFERENCES:**

Name:	Name:
Branch:	Branch:
Account No.:	Account No.:

**CREDIT CARDS:**

Credit Card Name:		Credit Card Name:	
Credit limit:	Balance:	Credit limit:	Balance:
Monthly payment:		Monthly payment:	
Credit Card Name:		Credit Card Name:	
Credit limit:	Balance:	Credit limit:	Balance:
Monthly payment:		Monthly payment:	

Landlord does not discriminate against any applicant on the basis of an illegal purpose including, race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local or State laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discrimination.

I represent that the information provided in this Application is true and correct to the best of my knowledge.

I understand that this Application is not a rental agreement and that this Application does not create any obligation on the Landlord.

I understand that the information provided might be used by Landlord to determine whether to accept this Application. I authorize Landlord to verify all the information given in this application, including banking and personal references and employment information provided.

**I also authorize Landlord to perform a credit check, employment verification, and a criminal history check. I consent to the release of information relating to my credit and the information provided in this application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Applicant's Signature

\_\_\_\_\_  
Date