

RENTAL APPLICATION

APPLICANTS 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

APPLICANTS EMPLOYER _____

SUPERVISORS NAME: _____ PHONE _____

ADDRESS: _____
Street or PO Box City State Zip Code

WAGE: \$ _____ PER HOURS/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

Source	Amount	Who Receives
Who Receives	Source	Amount

AUTOMOBILES

YEAR _____ MAKE _____ MODEL _____ LICENSE PLATE _____ STATE _____

YEAR _____ MAKE _____ MODEL _____ LICENSE PLATE _____ STATE _____

YEAR _____ MAKE _____ MODEL _____ LICENSE PLATE _____ STATE _____

DRIVERS LICENSE # _____ STATE _____

PRESENT LANDLORD/RESIDENT MANAGERS 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 _____

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 YOUR 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.

APPLICANTS SIGNATURE

DATE

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DATE