

Please list all occupants: ___

APPLICATION TO RENT FORM

(PLEASE PRINT CLEARLY)

Please complete one application for each person not related by blood or marriage. If a line is not filled in we will return the application to you. You will also be required to present 2 pieces of identification for verification purposes.

RENIAL PROPERTY								
Date premises required								
Name of landlord or rental (if property is being managed by								
Address of rental property								
Rent Amount <u>\$</u>	Security Dep	oosit <u>\$</u>	Screening Fee <u>\$</u>					
APPLICANT INFORMATION	ON							
Last Name:	First Name:		Middle Name:					
Date of Birth (d/m/yr):	_// (in some states it is not legal for a landlord to request a D.O.B.)							
Social Security Number:								
Current Address:	City:							
State:	_ Zip Code:	Own or Rent:	Rent Amount: <u>\$</u>					
How long residing at this ad	ddress:	Reason for leaving:						
Landlord's Name:		Landlord	's Phone Number: ()					
Home Phone Number: ()	_ Cell Phone Number: (
Email Address:								
Driver's License Number: _		State:	Valid: Yes No					
Driver's License Issued on	(yr/m/d): / / _	Expires (yr/m/d):	_//					
Previous Address: :	City:							
State:	_ Zip Code:	Own or Rent:	Rent Amount: <u>\$</u>					
How long residing at this ad	ddress:	Reason for leaving:						
Landlord's Name:		Landlord	's Phone Number: ()					
Spouse's Last Name:	Fir	st Name:	Middle Name:					
Cell Phone Number: () E	Email Address:						
Date of Birth (d/m/yr):	_// (in sor	ne states it is not legal for	a landlord to request a D.O.B.)					
Social Security Number:								

APPLICATION TO RENT OCTOBER 2014

Number of adults to occupy rental: ______ Number of children to occupy rental: _____

Current Employer:			Phone	Number: ()	
Address:	City:		State: _		Zip:	
Occupation:		How Long:	Salar	or Annual I	ncome:	
Name of Supervisor:						
Previous Employer:			Phone	Number: ()	
Address:	City:		State: _		Zip:	
Occupation:		How Long:	Salar	or Annual I	ncome:	
Name of Supervisor:						
Spouse's Employer:			Phone	Number: ()	-
Address:	City:		State: _		Zip:	
Occupation:		How Long:	Salar	or Annual I	ncome:	
Do you have any credit cards your name that would genera PERSONAL REFERENCES (list	te a Consumer Credit Rep	oort with the Cre				of credit in
Name:	·	• ,		Phone: (_	
Address:						
Name:						
Address:						
Addiess	Oity		State		Zip	
Have you ever been evicted as	a tenant? Yes No	If yes, why?				
Have you ever been convicted of	of a criminal offense? Yes_	No If yes,	what?			
Do you or any other proposed of	occupants smoke?					
Do you have any pets?	How many?	Type of Pet((s):			
In case of an emergency call: _				Phone: ()	-
Address:	City:		State:		Zip:	
TENANCY WILL BE DENIED in the rental agreement is signed, This is to advise that I the under person or firm to whom my applied search, an eviction search and assessing credit worthiness. It is purposes of responding to emer requirements and for collection of tenancy. I have also received	your rental agreement will be resigned hereby authorizelication has been submitted to make any other inquiries understand that the informating encies, ensuring the orde purposes should rent be lef	, to obtain a cons as deemed nece tion set out in the rly management it owing or rental	sumer credi essary in de e rental app of the tenal property da	t report, to contermining eli- lication formincy, complying amaged at te	onduct a cr gibility for t may be us ng with legarmination of	the timinal record tenancy and ted for all
Applicant's Signature			Date	:		
Co-Applicant's Signature			Date	:		
ALI	L INFORMATION HEREIN IS I	DEEMED PRIVATI	E AND CONI	FIDENTIAL		

APPLICATION TO RENT