

# Application to Rent

Individual application required from each occupant 18 years of age or older, with all sections completed.

|   |          |                            |                   |                                     |             |
|---|----------|----------------------------|-------------------|-------------------------------------|-------------|
| Last Name   |          | First Name                 | Middle Name       | Social Security Number              |             |
| Date of Birth                                       |          | Driver's License Number    | State   Exp. Date | Home Phone Number<br>(   )          |             |
| Cell Phone Number<br>(   )                          |          | Work Phone Number<br>(   ) | Email Address     |                                     |             |
| Present Address                                     |          |                            | City              | State                               | Zip         |
| Date In   | Date Out | Owner/Manager Name         |                   | Owner/Manager Phone Number<br>(   ) |             |
| Monthly Rent  |          | Reason for Moving          |                   |                                     |             |
| Previous Address                                    |          |                            | City              | State                               | Zip         |
| Date In   | Date Out | Owner/Manager Name         |                   | Owner/Manager Phone Number<br>(   ) |             |
| Monthly Rent  |          | Reason for Moving          |                   |                                     |             |
| Prior Address                                       |          |                            | City              | State                               | Zip         |
| Date In   | Date Out | Owner/Manager Name         |                   | Owner/Manager Phone Number<br>(   ) |             |
| Monthly Rent  |          | Reason for Moving          |                   |                                     |             |
| List All Proposed Occupants in Addition to Yourself |          | Name                       | DOB               | Name                                | DOB         |
|   |          | Name                       | DOB               | Name                                | DOB         |
| Present Occupation                                  |          | Salary/Income<br>\$        | week<br>month     | Employer/Source of Income           |             |
| How long with this employer?                        |          | Phone Number<br>(   )      |                   | Employer Address                    |             |
| Name of your supervisor                             |          | Website                    |                   | City                                | State   Zip |
| Prior Occupation                                    |          | Salary/Income<br>\$        | week<br>month     | Employer/Source of Income           |             |
| How long with this employer?                        |          | Phone Number<br>(   )      |                   | Employer Address                    |             |
| Name of your supervisor                             |          | Website                    |                   | City                                | State   Zip |

Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction. Applicant is applying for the premises located at \_\_\_\_\_ Unit # \_\_\_\_\_

City, State, Zip \_\_\_\_\_. Owner/Manager \_\_\_\_\_.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

|   |         |                   |              |                   |              |
|---|---------|-------------------|--------------|-------------------|--------------|
| Account Number  |         | Name of Your Bank |              | Branch or Address |              |
| Checking  |         |                   |              |                   |              |
| Savings   |         |                   |              |                   |              |
| Name of Creditor  | Address | Phone Number      |              | Mo. Pmt. Amt      |              |
| 1.  |         | (      )          |              | \$                |              |
| 2.  |         | (      )          |              | \$                |              |
| 3.  |         | (      )          |              | \$                |              |
| In case of emergency, notify  |         |                   | Relationship |                   |              |
| Address   |         | City              | State        | Zip Code          | Phone Number |
|   |         |                   |              |                   | (      )     |
| Personal References   |         |                   |              | Phone Number      |              |
| 1.  |         |                   |              | (      )          |              |
| Address   |         | City              | State        | Zip               |              |
| 2.  |         | (      )          |              |                   |              |
| Address   |         | City              | State        | Zip               |              |
| 3.  |         | (      )          |              |                   |              |
| Address   |         | City              | State        | Zip               |              |
| Do you or any proposed occupant(s) smoke? _____ Describe: _____<br>Have you ever been party to a lawsuit? _____ Describe: _____<br>Liquid filled furniture? _____ Describe: _____<br>Have you ever filed bankruptcy? _____ Describe: _____<br>Will you have pets? _____ Describe: _____<br>Have you ever been evicted or asked to move? Describe: _____<br>Have you ever been convicted of a crime against persons or property? Describe: _____<br>Have you ever used other names? _____ If so, list _____  |         |                   |              |                   |              |
| Automobile:<br>Make _____ Model _____ Year _____ License No. _____ State _____<br><br>Automobile:<br>Make _____ Model _____ Year _____ License No. _____ State _____  |         |                   |              |                   |              |
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| Date _____  |         | Applicant _____   |              |                   |              |