

Applicant information

Rental Application

Name: First	Middle	Last	Birth date	Social security #

Email address:	Home phone	Cell phone	Driver's license #	

All other occupants (under 18):	Birth date	Relationship to applicant		

Rental history

Current residence				
Address	City	State	ZIP	

Monthly rent	Dates of residency (From/To)		Reason for moving	

Owner/Manager's name	Phone number			

Previous residence				
Address	City	State	ZIP	

Monthly rent	Dates of residency (From/To)		Reason for moving	

name	Phone number			

Employment history

Current employer	Occupation			

Employer address	Employer's phone	Dates of employment		

Name of supervisor	Monthly pay	Supervisor Email		

Previous employer	Occupation			

Employer address	Employer's phone	Dates of employment		

Name of supervisor	Monthly pay	Supervisor Email		

Credit history

	Bank/Institution	Balance on deposit or Balance owed		
Checking account	-----			
Savings account	-----			
Credit card	-----			
Auto loan	-----			
Additional debt:	-----			

References

Name	Email	Phone Number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General information

Have you ever been late or delinquent on rent? Yes No

Have you ever been party to a lawsuit? Yes No

Do you smoke? Yes No

Do you have any pets? Yes No

If yes, list type, breed, weight, age.

If yes to any of the above, please explain why.

Why are you moving from your current address?

Is there anything negative in your credit or background check you want to comment on?

Additional Information:

Agreement & Authorization

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference, and/or background check. I understand that false or lack of information may result in the rejection of this application. I agree to pay a credit/reference/background check reimbursement of \$35.00. Each non-related applicant must pay the reimbursement.

Signature of applicant: Date: