

Rental Application

Personal History

EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD

	Last Name	Suffix	First Name	Initial	Date Of Birth*
Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Necessary for verification by Credit Reporting Agency**

Name Of All Other Occupants To Live In House	Last Name	Suffix	First Name	Initial	Date Of Birth*
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Necessary for verification by Credit Reporting Agency**

Present or last residence

Address	App. No.	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Resided From:	Resided To:	Monthly Mortgage Payment	Monthly Rental Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Of Mortgage Co. Or Landlord	Work No.	Home No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason For Moving
<input type="text"/>

Previous (if at present residence less than two (2) years)

Address	App. No.	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Resided From:	Resided To:	Monthly Mortgage Payment	Monthly Rental Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Of Mortgage Co. Or Landlord	Work No.	Home No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason For Moving
<input type="text"/>

Employment History

MILITARY: Attach copy of latest Leave & Earnings Statement and/or Transfer Orders | **SELF-EMPLOYED:** Attach copies of past two (2) years US. Tax Form 1040 & Schedule C. | **HOURLY/WEEKLY EMPLOYEES:** Attach copies of past two (2) years Form W-2.

Present Employment

IF MILITARY	Rank/Rate	Branch	Length Of Service	
Employed By		Employed Since		
Business Address	City	State	Zip	Phone
Position	Salary	Per	No. Of Hours Per Week	
Supervisor Name and Title				Phone

Previous Employment (if with present employer less than two (2) years)

Employed By		Employed Since		
Business Address	City	State	Zip	Phone
Position	Salary	Per	No. Of Hours Per Week	
Supervisor Name and Title				Phone

Co -Applicant Present Employment

IF MILITARY	Rank/Rate	Branch	Length Of Service	
Employed By		Employed Since		
Business Address	City	State	Zip	Phone
Position	Salary	Per	No. Of Hours Per Week	
Supervisor Name and Title				Phone

Co -Applicant Previous Employment (if with present employer less than two (2) years)

Employed By	Employed Since
<input type="text"/>	<input type="text"/>

Business Address	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position	Salary	Per	No. Of Hours Per Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor Name and Title	Phone
<input type="text"/>	<input type="text"/>

Applicant/Co-Applicant Other Income

\$ Amount	Per	Source
<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial History**Bank References**

Bank Name	Savings/Checking/Other	Current Balance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Monthly Payments (Payments of 3 months or more duration, e.g., Auto, Mortgage, Alimony, Dependent, Support, Taxes, Garnishment, Etc.)

To	For	Balance	Monthly Payment \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has Applicant Ever Filed For Bankruptcy? ☐ Yes ☐ No

IF YES:	Date Filed	Date Granted	Where Filed
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has applicant ever been evicted or had judgment issued against him/her? ☐ Yes ☐ NoAre there any outstanding judgments against applicant/co-applicant? ☐ Yes ☐ NoHas applicant had property foreclosed upon or given title or deed in lieu thereof in the past seven years? ☐ Yes ☐ NoIs applicant party to a lawsuit? ☐ Yes ☐ NoIs applicant obligated to pay alimony, child support, or separate maintenance? ☐ Yes ☐ NoIs applicant a co-maker or endorser on a note? ☐ Yes ☐ No

If applicant answered "yes" to any of the above questions attach explanation

Additional Information

Automobiles, Motorcycles, Vans, Trucks, Trailers, Campers, RV's, Boats, Commercial Vehicles, Etc.

Make	Model	Year	Color	State	License Number

Do you own or plan to purchase a waterbed? ☐ Yes * ☐ No

***Requires owner approval and waterbed insurance**

Hobbies	
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Personal References

Name	Address	Phone

Emergency Contact Not Listed Above

Name	Phone	Relationship

Address	City	State	Zip

Pets (Dogs, Cats, Fish, Birds, Reptiles, Rodents, ETC.)

Type	Breed	Size/Weight	Age	Gender

Other Info	
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We represent that the premises shall not be used for any illegal or restricted purpose(s) and certify that the above information is true and complete to the best of my/our knowledge.

We hereby authorize the person or firm to whom this application is made any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Signature

X

Applicant

X

Co-Applicant