Rental Application Personal History

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

Suffix First Name

Initial Date Of Birth*

Applicant											
Co-Applicant											
				1	I	,	* Necess	ary for verifica	ation by C	Credit Reporting A	gency
Name Of All Other		Last Name		Suffix	irst Name Initi		Initial	al Date Of Birth*		1*	
Occupants To Live In House											
* Necessary for verification by Credit Reporting Agency Present or last residence											
Address App. No.			City State			Zip			Phone		
Resided From:		Resided T	o:	Monthly Mortgage Payment				Monthly Rental Payment			
Name Of Mortgage Co. Or Landlord						Work No.				Home No.	
Reason For Moving											
Previous (if at	nresen	t residen	re less	than two (2) vear	s)					
Address App. No.		ec ress	City		State Zip		Zip	Phone			
								•			
Resided From: Resided To:			Monthl	onthly Mortgage Payment			Me	Monthly Rental Payment			
Name Of Mortgage Co. Or Landlord						Work No. Home No.					
Reason For Moving											

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 Employr	nent									
		k/Rate		Branch		Length Of Service				
IF MILITARY										
	Employed By			Employed Since						
Business Ac	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 Si	nce				
Business Ac	ldress	City		State	Zip	Phone				
	Position			Salary	No. Of Hours Per Week					
		Supervisor Name and	l Title			Phone				
Co -Applicant Pi		yment k/Rate		Branch Length Of Service						
IF MILITARY	Witate		Dialicii Deligii of Service							
	Employed By			Employed Since						
				Employed Since						
Business Ac	City		State	Zip	Phone					
	Position			Salary	Per	No. Of Hours Per Week				
	Phone									

Co -Applicant Previous Em	ploym	ient (if wi	th pres	ent	employer			years)	
Employed B					Employed Since				
Business Address		City			State	Zip		Phone	
Position					ary	Per		No. Of Hours Per Week	
	Supervisor Name and Title							Phone	
Applicant/Co-Applicant Ot	her In	come							
\$ Amount		Per				Source			
		г.	1	тт.	-1				
Bank References		Fln	ancial	Hl	story				
Bank Name		Savings/Checking/O			/Other			Current Balance	
Monthly Payments (Payments of 3mon	ts or mo	re duration, e	.g., Auto,	Mor	tgage, Alimony	, Dependent, S	Support,	Taxes, Garnishment, Etc.	
То		For			Ва	lance		Monthly Payment \$	
Has Applicant Ever Filed For Bank	ruptcy?	Yes O	No				•		
	Date Filed			Date Granted			Where Filed		
IF YES:									
Has applicant ever been evicted or	had jud	gment issue	d against	him	/her? O Yes	O No			
Are there any outstanding judgmen	ts agair	- nst applicant/	/co-appli	cant	? O Yes O !	No			
Has applicant had property foreclos	sed upo	n or given ti	tle or dee	ed in	lieu thereof	in the past se	ven yea	rs? O Yes O No	
Is applicant party to a lawsuit? O	res 🔘 I	No							
Is applicant obligated to pay alimor			· separate	mai	intenance? (Yes () No			
Is applicant a co-maker or endorser	-		_			9			
If applicant answered "yes" to any		_	_	ı exp	olanation				

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? Oyes* ONo *Requires owner approval and waterbed insurance Hobbies 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.) Breed Size/Weight Gender Type Age Other Info 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 **Applicant** Co-Applicant