



Rental Application

Applicant information

Name: First	Middle	Last	Birth date	Social security #
<input type="text"/>				
Email address:	Home phone	Cell phone	Driver's license #	
<input type="text"/>				
All other occupants (under 18):	Birth date	Relationship to applicant		
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Rental history

Current residence

Address	City	State	ZIP
<input type="text"/>			
Monthly rent	Dates of residency (From/To)	Reason for moving	
<input type="text"/>			
Owner/Manager's name	Phone number		
<input type="text"/>			

Previous residence

Address	City	State	ZIP
<input type="text"/>			
Monthly rent	Dates of residency (From/To)	Reason for moving	
<input type="text"/>			
Owner/Manager's name	Phone number		
<input type="text"/>			

Employment history

Current employer

Occupation		
<input type="text"/>		
Employer address	Employer's phone	Dates of employment
<input type="text"/>		
Name of supervisor	Monthly pay	
<input type="text"/>		

Previous employer

Occupation		
<input type="text"/>		
Employer address	Employer's phone	Dates of employment
<input type="text"/>		
Name of supervisor	Monthly pay	
<input type="text"/>		

Credit history

	Bank/Institution	Balance on deposit or Balance owed
Checking account	<input type="text"/>	
Savings account	<input type="text"/>	
Credit card	<input type="text"/>	
Auto loan	<input type="text"/>	
Additional debt:	<input type="text"/>	



References

Name	Phone Number	Relationship
<div></div>		
<div></div>		

General information

Have you ever been late or delinquent on rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please explain why.		
<div></div>		
<div></div>		

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list type, breed, weight, and age.		
<div></div>		

Why are you moving from your current address?

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

Rental application fee: \$ _____._____ ☐ Paid

Additional questions:

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.

Signature of applicant:	Date:
<div></div>	<div></div>