Rental Application Equal Housing Opportunity

The undersigned hereby makes an application	cation to rent the following p	property:	
Anticipated move date of	at a monthly rent o	f \$	and security
deposit of \$			
PLEASE TELL US ABOUT YOURSELF			
Full Name	Home Phone (_)	·····
Date of Birth / Soci	al Security #		
Email Address:	(optional) Other Phor	ne ()	
Co-Applicant Name	Names of Dep	endents	
Co-Applicant Date of Birth/	/ Social Security #_		_
Dependents Date of Birth			
List All Pets			
PLEASE GIVE RESIDENTIAL HISTORY	(LAST 3 YEARS)		
Current Address		Apt#	
City		State	Zip
Month/Year Moved In Reas	ons for Leaving		Rent \$
Owner/Agent	Phone ()		
Previous Address (last 3 years)			
Owner/Agent	Phone ()		
PLEASE DESCRIBE YOUR CREDIT HIS	TORY - Mark with an "X"		
Have you declared bankruptcy in the pas	t seven (7) years?	Yes	_ No
Have you ever been evicted from a renta	I residence?	Yes	_ No
Have you had two or more late rental pay	ments in the past year?	Yes	_ No
Have you ever willfully or intentionally ref	used to nay rent when due	2 Ves	No

PLEASE PROVIDE Y	YOUR EMPLOYMENT INFORMAT	ION - Mark with an "X"		
Your Status:F	-ull TimePart Time	StudentUnemployed		
Employer				
Dates employed	oloyed Employed as			
Supervisor Name	Phon	e()		
Salary \$	per (If employed by above less than 12 months, give		
name & phone of pre	vious employer or school:	÷		
person (banker, emp	loyer, etc.) who we may contact fo	us to consider, please list income, source, and r confirmation. You do not have to reveal alimony, ant us to consider it in this application.		
Amount \$	Source/Contact Nam	e		
PLEASE LIST YOUR	REFERENCES			
Banking Accounts:				
Name	Type of Account	Account Number		
Name	Type of Account	Account Number		
Personal Reference	or Emergency Contact:			
Name	Address			
Phone	Relationship			
Driver's License:				
Your Driver's License	e Number Sta	ıte		
Vehicle Information	:			
Make / Model	Year	License Plate State		
ADDITIONAL INFOR	RMATION:			
Please give any addi	tional information that might help o	owner/management evaluate this application?		
Where may we reach	n you to discuss this application?			
Day Phone # ()	N	Night Phone # ()		

statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application. I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted in 3 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. The above information, to the best of my knowledge, is true and correct. Please sign: Applicant's Signature Date **AUTHORIZATION** Release of Information I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner/manager. Name (please print) Signature Date APPLICANT: PLEASE DO NOT WRITE in BOX (FOR OFFICE USE ONLY) Deposit of \$______ Received by ______ Date_____ OFFICE NOTES:

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application. I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true

Please note that this document is for reference purposes. You may wish to check with your local landlord association or obtain legal advice to make sure information is appropriate for your state. This Application was modified and made fillable by eForms.