

Imperial Gardens Rental Application



Applicant Information

Name:		Drivers License or ID Number:		State	Number
Date of Birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)	Monthly payment or rent: \$		How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent: \$		How long?
					# of Family Members _____
					Request 2 Bedroom _____
					Request 3 Bedroom _____

Current Income Information – Employment, Child Support, SSI, SS, etc

Name of Income Source(s):					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly		Salary	(Please circle)
					Total Monthly income:

Emergency Contact

Name of a person not residing with you:					
Address:					
City:		State:		ZIP Code:	Phone:
Relationship:					

Co-applicant Information → Any Member over 18 years of Age (Use additional Applications if needed)

Name:		Drivers License or ID Number:		State	Number
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)	Monthly payment or rent:		How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:		How long?

Co-applicant Current Income Information – Employment, Child Support, SSI, SS, etc

Name of Income Source(s):					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly		Salary	(Please circle)
					Total Monthly income:

Landlord References – Must be able to Verify Previous Rental History

Name of Landlord:	Address of Rental Property	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: