

Happy Horizons

Rental Application

Applicant Info	mation:						
First Name:			Middle Initial:		Last Name:		
Have you ever used another name(s)?				If yes:			
Date of Birth:			License #:			State:	
SS#			Email:			-	
Phone1:			Phone2:				
Co-Applicant II	nformation	<u>.</u>]				
First Name:			Middle Initial:		Last Name:		
Have you ever u	sed another	name(s)?		If yes:			
Date of Birth:			License #:			State:	
SS#			Email:				
Phone1:			Phone2:				
							•
List any other	person(s) w	ho will reside with	you below:				
Name:			Age:		F	Relationship:	
Name:			Age:		F	Relationship:	
Name:			Age:		Relationship:		
Name:			Age:		Relationship:		
Name:		Age:		Relationship:			
Do you have p	ets?		How many?		Types:		
Breed:		Gender:		Age:		License:	
Breed:		Gender:		Age:		License:	
Breed:		Gender:		Age:		License:	
Do you, or any	of the peo	ple who will be res	iding in this ur	nit smok	e?		
Do you have any special needs or requirements that we need to be aware of?							
If yes, please list	specifics:						
Name of neares	t living relati	ve:					
Phone:			Relationship:				
Who should we contact in case of emergency?							
Phone:			Relationship:				
Applicant		Co-Applicant					
Initials:		Initials:					

Residence History

Current Addre	ss:						
City:			State:		Zip Code:		
How long?		From:		To:		\$/month	
Current landlor	<u></u> :				Phone#		
Reason for mov	ing:				Is your lease expired?		
1100001110111101	8.				Date expired?		
					васе схриса:		
Previous Addre	 ess 1:	1					
City:		,	State:		Zip Code:		
How long?		From:	0.00.00	To:	p	\$/month	
Landlord:		-			Phone#	.,	
Reason for mov	ing:				Is your lease expired?		
1100001110111101	8.				Date expired?		
					вис схрпси.		
Previous Addre	 ess 2:	1					
City:			State:		Zip Code:		
How long?		From:	otate.	To:	p couc.	\$/month	
Current landlor	d:				Phone#	7,	
Reason for mov						45	
Reason for moving.				Is your lease expired? Date expired?			
					Date expired:		
Previous Addre	 ess 3:	1					
City:			State:		Zip Code:		
How long?		From:		To:		\$/month	
Landlord:					Phone#	.,	
Reason for mov	ing:				Is your lease expired?		
					Date expired?		
					•		
Previous Addre	ess 4:]					
City:			State:		Zip Code:		
How long?		From:		To:		\$/month	
Landlord:					Phone#		
Reason for moving:					Is your lease expire	d?	
					Date expired?		
Have you ever	been the s	ubject of an evictio	n proceeding o	r			
settlement whether or not a suit was actual		y filed?			•		
		I	•				
If so, please explain, including dates, rental							
premises address, and contact information for							
property owner/manager:							
		•					
Applicant		Co-Applicant					
Initials:		Initials:					

Page: 2 of 4

Criminal & Employment History

=	y other intended oc in a conviction) or c	=	_					
Have you or any other intended occupant, including minors, ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct or the manufacturing of drugs whether or not resulting in a conviction?								
Are you or any other intended occupant, including minors, required to register as a Violent or Sex Offender in any jurisdiction?								
			Employment (most rec		n			
Employer 1:			Address:					
Start Date:			City:			State:		
End Date:			Phone#:			Salary:		
Supervisor:			Position:			,		
			•			•		
Employer 2:			Address:					
Start Date:			City:			State:		
End Date:			Phone#:			Salary:		
Supervisor:			Position:			\$	·	
-								
Employer 3:			Address:					
Start Date:			City:			State:		
End Date:			Phone#:			Salary:	<u> </u>	
Supervisor:			Position:			\$		
			I					
Employer 4:			Address:			les-s		
Start Date: End Date:			City: Phone#:			State:		
Supervisor:			Pnone#: Position:			Salary:		
Supervisor.			•			İs		
	(socia		Other Source hild support, s			eams)		
Source 1:					\$/month	\$		
Source 2:					\$/month	\$		
Source 3:					\$/month	\$		
Source 4:					\$/month	\$		
Source 5:					\$/month	\$		
Source 6:					\$/month	\$		
Applicant Initials:		Applicant nitials:						
	-					Page	3 of 4	

Financial Information

Bank Name:				Phone#:				
Checking Acct. #	:		Savings Acct. #:	•				
		•	-		•			
Have you ever filed bankruptcy?								
If yes, explain:								
Are there any ju	gainst you?							
If yes, explain:								
								_
List any financia	l obligations	(student loans, cred	it cards, auto or	home loa	ns, child sup	port, et	c.):	
Descrip	tion	Monthly \$			Description		Monthly \$	5
		\$					\$	
		\$	1				\$	
		\$	İ				\$	
		\$	İ				\$	
		\$	1				\$	
		\$	İ				\$	
		\$	i				\$	
		\$	ł				\$	
		\$					\$	
		\$	1				\$	
		7	ļ				ې	
List automobiles		ì						
); 	NAI - I	l	lve	ı			_
Make:		Model:		Vin#:			<u> </u>	
Year:		Color:		Plate#:			State:	
		l		I				_
Make:		Model:		Vin#:				
Year:		Color:		Plate#:			State:	
_		I	ı		1			_
Make:		Model:		Vin#:				
Year:		Color:		Plate#:			State:	
	Ī							
References:				•				
Name:			Relationship:		Phone#:			
Name:			Relationship:		Phone#:			
Name:			Relationship:		Phone#:			
Name:			Relationship:		Phone#:			
Name:			Relationship:		Phone#:			
Applicant Signature							Date:	
Co-Applicant Signature							Date:	
	=							
						Page:	4	4 of 4