

## **RENTAL APPLICATION**

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

| PERSONAL INI                             | FORMA                                   | ΓΙΟΝ          |                   |                        |                      |                    |                |                           |                          |                       |  |  |
|--|---|---------------|-------------------|------------------------|----------------------|--------------------|----------------|---------------------------|--------------------------|-----------------------|--|--|
| FIRST NAME                               |   | MIDDLE        |                   |                        | LAST                 |                    | S.S.#          |                           | _                        |                       |  |  |
| DATE OF BIRTH                            | /                                       | MARITAL STATU | S SINGLE          | MARRIED Since          | Since DIVORCED Since |                    |                | DRIVERS LICENSE # STATE   |                          |                       |  |  |
| PHONE                                    |   | CELL  HOME    | PHONE             | EYT                    |                      | ME 🔲 WORK          | EMAIL          |                           |                          |                       |  |  |
| PRESENT HOME ADDRESS                     |   |               |                   |                        | CITY/STATE/ZI        | Р                  |                |                           |                          |                       |  |  |
| LENGTH OF TIME                           |   |               | PRESENT LA        | ANDLORD                |                      |                    |                |                           | LANDLORD PHONE           |                       |  |  |
| REASON FOR LEAVING                       |   |               | I                 |                        | AMOUNT OF F          | RENT Is your p     |                |                           | present rent up to date? |                       |  |  |
| PREVIOUS HOME ADDRESS                    |   |               |                   |                        | CITY/STATE/ZIP       |                    |                | •                         |                          |                       |  |  |
| LENGTH OF TIME                           |   |               | PREVIOUS LANDLORD |                        |                      |                    |                | LANDLORD PHONE            |                          |                       |  |  |
| REASON FOR LEAVING                       |   |               | •                 | AMOUNT OF RENT         |                      |                    |                | Was your rent up to date? |                          |                       |  |  |
| NEXT PREVIOUS HOME ADDRESS               |   |               |                   |                        | CITY/STATE/ZI        | Р                  |                |                           |                          |                       |  |  |
| LENGTH OF TIME                           | ENGTH OF TIME NE                        |               |                   | NEXT PREVIOUS LANDLORD |                      |                    |                | LANDLORD PHO              | ANDLORD PHONE            |                       |  |  |
| REASON FOR LEAVING                       |   |               |                   | AMOUNT OF I            |                      |                    | RENT Was y     |                           |                          | your rent up to date? |  |  |
| PROPOSED OC                              | CLIPAN                                  | IT(S)         |                   |                        |                      |                    |                |                           |                          |                       |  |  |
| NAME                                     | PROPOSED OCCUPANT(S)  IAME RELATIONSHIP |               |                   |                        |                      | OCCUPATION         |                |                           | AGE                      |                       |  |  |
| NAME REL/                                |   |               | ONSHIP            |                        |                      | OCCUPATION         |                |                           | AGE                      |                       |  |  |
| NAME RI                                  |   |               | ONSHIP            |                        |                      | OCCUPATION         |                |                           | AGE                      | AGE                   |  |  |
| NAME REL                                 |   |               | ATIONSHIP         |                        |                      | OCCUPATION         |                |                           |                          | AGE                   |  |  |
| NAME RELAT                               |   |               | IONSHIP           |                        |                      | OCCUPATION         |                |                           | AGE                      |                       |  |  |
| DBUDUSED DE                              | T(S)                                    |               |                   |                        |                      |                    |                |                           |                          |                       |  |  |
| PROPOSED PET(S)  NAME TYPE/BREED         |   |               |                   |                        | ☐ INDOOR             | OUTDOOF            |                | AGE                       |                          |                       |  |  |
| NAME                                     |   | TYPE/B        | TYPE/BREED        |                        |                      | ☐ INDOOR ☐ OUTDOOR |                |                           | AGE                      |                       |  |  |
| NAME                                     |   | TYPE/B        | TYPE/BREED        |                        |                      | ☐ INDOOR ☐ OUTDOO  |                |                           | AGE                      |                       |  |  |
| ATHER F(C) IN                            | EODIA                                   | TION          |                   |                        |                      |                    | _              |                           |                          |                       |  |  |
| VEHICLE(S) IN                            | FORMA<br>MAKE                           | TION          | MODEL             |                        | COLOR                |                    | PLATE #        |                           | STATE                    |                       |  |  |
| YEAR                                     | MAKE                                    |               | MODEL             |                        | COLOR                |                    | PLATE #        |                           | STATE                    |                       |  |  |
| TEM.                                     | MAKE                                    |               | MODEL             |                        |                      |                    | 1 27412 "      |                           |                          | J SINIE               |  |  |
| <b>EMPLOYMENT</b>                        | 1                                       |               |                   |                        |                      |                    |                |                           |                          |                       |  |  |
| CURRENT EMPLOYER                         |   |               | OCCUPATION        |                        |                      |                    | HOU            | RS/WEEK                   | /EEK                     |                       |  |  |
| SUPERVISOR                               |   |               | PHONE EXT:        |                        |                      | EXT:               | YEARS EMPLOYED |                           |                          |                       |  |  |
| ADDRESS                                  |   |               |                   | CITY/STATE/ZIP         |                      |                    |                |                           |                          |                       |  |  |
| CURRENT EMPLOYER                         |   |               |                   | OCCUPATION             |                      |                    | HOURS/WEEK     |                           |                          |                       |  |  |
| SUPERVISOR                               |   |               | PHONE EXT:        |                        |                      | EXT:               | YEARS EMPLOYED |                           |                          |                       |  |  |
| ADDRESS                                  |   |               |                   | CITY/STATE/ZIP         |                      |                    |                |                           |                          |                       |  |  |
| INCOME                                   |   |               |                   |                        |                      |                    |                |                           |                          |                       |  |  |
| CURRENT S WEEKLY BIWEEKLY MONTHLY YEARLY |   |               |                   | SOURCE                 |                      |                    |                | PROC                      | OF OF INCOME             | YES NO                |  |  |
| CURRENT S WEEKLY BIWEEKLY MONTHLY YEARLY |   |               |                   | SOURCE                 |                      |                    |                | PROC                      | OF OF INCOME             | YES NO                |  |  |
|  | KLY 🛄 BIWEEKI                           | LY MONTHLY    | L_ YEARLY         |                        |                      |                    |                |                           |                          | L TES L INU           |  |  |



## RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

|   |   |                        |                |                   |        |        | $\overline{}$ |  |
|---|---|------------------------|----------------|-------------------|--------|--------|---------------|--|
| CREDIT CARD / FINANCIAL IN  | FORMATION   |                        |                |                   |        |        |               |  |
| CAR LOAN<br>LIEN HOLDER   | BALANCE<br>OWED   | MONTHLY<br>PAYMENT     | CREDITOR'S     |                   |        |        |               |  |
| CREDIT CARD COMPANY   | BALANCE<br>OWED   | MONTHLY<br>PAYMENT     |                | CREDITOR'S        |        |        |               |  |
| CREDIT CARD COMPANY   | BALANCE<br>OWED   | MONTHLY<br>PAYMENT     |                | CREDITOR'S        |        |        |               |  |
| CREDIT CARD COMPANY   | BALANCE<br>OWED   | MONTHLY<br>PAYMENT     |                | CREDITOR'S        |        |        |               |  |
| CHILD SUPPORT/<br>OTHER CREDIT OWED   | BALANCE<br>OWED   | MONTHLY<br>PAYMENT     |                | CREDITOR'S        |        |        |               |  |
| BANK ACCOUNT<br>NAME OF BANK  | BALANCE   | MONTHLY<br>PAYMENT     |                | ACCOUNT<br>NUMBER |        |        |               |  |
| EMERGENCY / PERSONAL REF  | ERENCE INFORMAT   | TON                    |                |                   |        |        |               |  |
| EMERGENCY CONTACT   | PHONE   | CELL HOME              | PHONE          | _                 | _      | П номе | □ WORK        |  |
| RELATION  | ADDRESS   |                        | CITY/STATE/ZII | •                 |        |        |               |  |
| EMERGENCY CONTACT   | PHONE   | CELL  HOME             | PHONE          | _                 |        | П НОМЕ | □ WORK        |  |
| RELATION  | ADDRESS   |                        | CITY/STATE/ZII | <b>)</b>          |        |        |               |  |
| PERSONAL REFERENCE  | PHONE   | CELL HOME              | PHONE          | _                 | _      | П номе | □ WORK        |  |
| RELATION  | ADDRESS   |                        | CITY/STATE/ZII | •                 |        | _      | _             |  |
| PERSONAL REFERENCE  | PHONE   | CELL HOME              | PHONE          | _                 | _      | П номе | ☐ WORK        |  |
| RELATION  | ADDRESS   |                        | CITY/STATE/ZII | >                 |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
| APPLICANT QUESTIONNAIRE   |   |                        |                |                   |        |        |               |  |
| Has applicant ever been sued for bills? YES NO  | Has applicant ever been locked out of their apartment by the sheriff? |                        |                |                   | YES NO |        |               |  |
| Has applicant ever been bankrupt? YES NO  | Has applicant ever been brought to court by another landlord?         |                        |                |                   | □ NO   |        |               |  |
| Has applicant ever been guilty of a felony? YES NO  | Has applicant ever moved owing rent or damaged an apartment?          |                        |                |                   | □ NO   |        |               |  |
| Has applicant ever broken a Lease? YES NO   | Is the total move-in amount available                                 | now (rent and depos    | it)?           | YES               | ☐ NO   |        |               |  |
| Applicant authorizes the landlord to contact past and present lan   | . , ,   |                        | ,              |                   | ,      | Ü      | pplicant.     |  |
| All information is true, accurate and complete to the best of app<br>ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMAT                               | •   |                        |                |                   | •      |        | NY TIME.      |  |
|   |   |                        |                |                   |        |        |               |  |
| XAPPLICANT SIGNATURE  |   |                        | -              |                   |        |        |               |  |
| APPLICANT SIGNATURE  If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person. |   |                        |                |                   |        |        |               |  |
| ii you have any questions about the   | merpretation or regulity of this form, p.                             | icase consult an allor | ney or outer q | adillica pe       | 13011. |        |               |  |
| NOTES:  |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |
|   |   |                        |                |                   |        |        |               |  |

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