|                                    | Rent                             | al Applica                | atior     | 1                       |              |           |   |  |
|------------------------------------|----------------------------------|---------------------------|-----------|-------------------------|--------------|-----------|---|--|
| Address:                           |                                  | Rent: \$                  | month     |                         | De           | posit: \$ |   |  |
| Applicant Information              |                                  |                           |           |                         |              |           |   |  |
| Name:                              |                                  |                           | Drive     | rs Licen                | se #:        |           |   |  |
| Date of birth:                     | Phone:                           |                           | I .       | Е                       | -Mail:       |           |   |  |
| Current address:                   | •                                |                           |           |                         |              |           |   |  |
| City:                              | State:                           |                           |           | Z                       | IP Code      |           |   |  |
| Own Rent (Please circle)           | Monthly payment or rent:         |                           |           |                         | Dates:       |           |   |  |
| Landlord name:                     | Landlord phone:                  |                           |           |                         |              |           |   |  |
| Landlord address:                  |                                  |                           |           |                         |              |           |   |  |
| Previous address:                  |                                  |                           |           |                         |              |           |   |  |
| City:                              | State:                           | State:                    |           |                         |              | ZIP Code: |   |  |
| Owned Rented (Please circle)       | Monthly payment or               | Monthly payment or rent:  |           |                         |              | Dates:    |   |  |
| Landlord name:                     |                                  |                           | ord pho   | ne:                     |              |           |   |  |
| Landlord address:                  |                                  |                           |           |                         |              |           |   |  |
| <b>Employment Information</b>      |                                  |                           |           |                         |              |           |   |  |
| Current employer:                  |                                  |                           |           |                         |              |           |   |  |
| Employer address:                  |                                  |                           |           | Dates:                  |              |           |   |  |
| Phone:                             | E-mail:                          |                           |           | F                       | ax:          |           |   |  |
| City:                              | State:                           |                           |           | Z                       | IP Code      |           |   |  |
| Position:                          | Hourly Salary (Please circle) An |                           |           |                         | nual income: |           |   |  |
| Supervisor:                        | Other Income Sourc               | e:                        |           | Other                   | Income       | \$:       |   |  |
| Previous Employment Info           | rmation                          |                           |           |                         |              |           |   |  |
| Previous employer:                 |                                  |                           |           |                         |              |           |   |  |
| Employer address:                  |                                  |                           |           | ı                       | Dates:       |           |   |  |
| Phone:                             | E-mail:                          |                           |           | ı                       | -ax:         |           | - |  |
| City:                              | State:                           |                           |           |                         | ZIP Code     | :         |   |  |
| Position:                          | Hourly Sa                        | Salary (Please circle) An |           | Annua                   | nual income: |           |   |  |
| Emergency Contact                  | ,                                |                           | ,         |                         |              |           |   |  |
| Name of a person not residing with | VOII:                            |                           |           |                         |              |           |   |  |
| Address:                           | you.                             |                           |           |                         |              |           |   |  |
| City:                              | Chahai                           |                           | 71        | ZIP Code:               |              | Phone:    |   |  |
| '                                  | State:                           |                           | Z11       | r coue.                 |              | Filone.   |   |  |
| Relationship:                      | (:C :l)                          |                           |           |                         |              |           |   |  |
| Co-applicant Information           | (if married)                     |                           | D :       | 1.                      | "            |           |   |  |
| Name:                              |                                  |                           |           | Drivers License #:      |              |           |   |  |
| Date of birth:                     | Phone:                           |                           |           |                         | Email:       |           |   |  |
| Current address:                   | Chahai                           |                           |           | Τ.                      | 7TD C        |           |   |  |
| City:                              | State:                           |                           | ZIP Code: |                         |              |           |   |  |
| Own Rent (Please circle)           | Monthly payment or rent:         |                           |           | Dates:  Landlord phone: |              |           |   |  |
| Landlord name:                     |                                  |                           | Lanui     | ora prio                | ne.          |           |   |  |
| Landlord address:                  |                                  |                           |           |                         |              |           |   |  |
| Previous address:                  | State:                           |                           | ZIP Code: |                         |              |           |   |  |
| City: Owned Rented (Please circle) | Monthly payment or rent:         |                           |           | Dates:                  |              |           |   |  |
| Landlord name:                     | l andl                           | Landlord phone:           |           |                         |              |           |   |  |
| Landlord address:                  |                                  |                           | Landi     | ora prio                |              |           |   |  |
|                                    |                                  |                           |           |                         |              |           |   |  |

| Co-applicant Employme   | nt Informa  | tion   |  |   |   |  |  |  |
|---|---|--|--|---|---|--|--|--|
| Current employer:   |   |  |  |   |   |  |  |  |
| Employer address:   |   |  |  |   | Dates:  |  |  |  |
| Phone: E-mail:  |   |  |  | Fax:  |   |  |  |  |
| City:   | State: ZIP Cod  |  |  |   |   |  |  |  |
| Position:   | Н   | ourly Salary (   | Please circle) An  | nual income:  |   |  |  |  |
| Additional Occupants  |   |  |  |   |   |  |  |  |
| Name:   |   | DOB:   |  | Relation:   |   |  |  |  |
| Name:   | Name:   |  |  | Relation:   | Relation:   |  |  |  |
| Name:   |   | DOB:   |  | Relation:   | Relation:   |  |  |  |
| Financial Information   |   |  |  |   |   |  |  |  |
| Do you have a checking account:   | Yes No  | Bank / State :   |  |   |   |  |  |  |
| Do you have a savings account:  | Yes No  | Bank / State :   |  |   |   |  |  |  |
| Do you have credit card debt:   | Yes No  | Cards & Debt A   | Cards & Debt Amount:   |   |   |  |  |  |
| Have you ever:  |   | •  |  |   |   |  |  |  |
| Filed for bankruptcy:   | Yes No  | State / County   | State / County / Year:   |   |   |  |  |  |
| Been convicted of a felony:   | Yes No  | Describe:  |  |   |   |  |  |  |
| Been evicted from a rental:   | Yes No  | Describe:  | Describe:  |   |   |  |  |  |
| Defaulted on a lease:   | Yes No  | Describe:  |  |   |   |  |  |  |
| Been served a late rent notice:   | Yes No  | Describe:  | Describe:  |   |   |  |  |  |
| Other Information   |   |  |  |   |   |  |  |  |
| Do you have renters insurance:  | Yes No  | Company:   |  |   |   |  |  |  |
| Do you have a water bed:  | Yes No  |  | Do you have insurar  | nce: Yes N  | lo  |  |  |  |
| Do you have a history of drug us  | e: Yes No   | Describe:  |  |   |   |  |  |  |
| Do you own pets:  | Yes No  | Number of Pets   | :  | Type:   |   |  |  |  |
| Do any proposed occupants smol  | ke: Yes No  |  |  |   |   |  |  |  |
| Have you ever broken a lease:   | Yes No  | Describe:  |  |   |   |  |  |  |
| Why are you moving / were you asked to move:  |   |  |  |   |   |  |  |  |
| When would you be able to move in:  How long do you expect to stay here:  |   |  |  |   |   |  |  |  |
| Vehicle Information   |   |  |  |   |   |  |  |  |
| Vehicle 1 Make:   | Model:  |  | Year:  |   | Color:  |  |  |  |
| Plate #:  | State:  |  | Financed: Yes No   | 0   | Payment \$:   |  |  |  |
| Vehicle 2 Make:   | Model:  |  | Year:  |   | Color:  |  |  |  |
| Plate #:  | State:  |  | Financed: Yes No   | 0   | Payment \$:   |  |  |  |
| Do you have any commercial or i   | ecreational vel   | hicles (RV, campers  | s, boats, motorcycles, e   | etc): Yes N   | lo  |  |  |  |
| List:   |   |  |  |   |   |  |  |  |
| Personal References (lis  | t at least t  | :wo)   |  |   |   |  |  |  |
| Name:   |   | Phone:   |  | Relation:   |   |  |  |  |
| Name: Phone:  |   |  |  | Relation:   |   |  |  |  |
| Name: Phone:  |   |  |  | Relation:   |   |  |  |  |
| Agreement & Authorizat  | ion   |  |  |   |   |  |  |  |
| I warrant, to the best of my known the date of this Application. If an disapproval of my Application or and does not guarantee that I win and, using their sole discretion, when the provided and obtain a credit reposition. | y information patermination of ill be offered the will select the b | provided by me is o<br>my Lease with Own<br>ne Property, and (ii)<br>nest qualified applic | letermined to be false,<br>ner. I understand and a<br>) Landlord may accept i<br>ant. I hereby authorize | such false star<br>agree: (i) this<br>more than one<br>the Landlord | tement will be grounds for<br>is an application to rent only<br>application for the Property<br>to verify the information |  |  |  |
| Signature of applicant:   |   |  |  |   | Date:   |  |  |  |
| Signature of co-applicant:  | Date:   |  |  |   |   |  |  |  |