

PERSONAL HISTORY

PLEASE PRINT

EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD.

APPLICANT	LAST NAME	SUFFIX	FIRST NAME	INITIAL	DATE OF BIRTH*	
CO-APPLICANT	LAST NAME	SUFFIX	FIRST NAME	INITIAL	DATE OF BIRTH*	

* Necessary for verification by Credit Reporting Agency

NAME OF ALL OTHER OCCUPANTS TO LIVE IN HOUSE	LAST NAME	SUFFIX	FIRST NAME	INITIAL	DATE OF BIRTH*	RELATIONSHIP

* Necessary for verification by Credit Reporting Agency

PRESENT OR LAST RESIDENCE

ADDRESS:	APT. NO.	CITY	STATE	ZIP	PHONE
RESIDED FROM: TO:	MONTHLY MORTGAGE PAYMENT \$		MONTHLY RENTAL PAYMENT \$		
NAME OF MORTGAGE CO. OR LANDLORD			WORK NO.		HOME NO.
REASON FOR MOVING					

PREVIOUS (If at present residence less than two (2) years)

ADDRESS:	APT. NO.	CITY	STATE	ZIP	PHONE
RESIDED FROM: TO:	MONTHLY MORTGAGE PAYMENT \$		MONTHLY RENTAL PAYMENT \$		
NAME OF MORTGAGE CO. OR LANDLORD			WORK NO.		HOME NO.
REASON FOR MOVING					

EMPLOYMENT HISTORY

MILITARY: Attach copy of latest Leave & Earnings Statement and/or Transfer Orders • SELF-EMPLOYED: Attach copies of past two (2) years U.S. Tax Form 1040 & Schedule C. • HOURLY/WEEKLY EMPLOYEES: Attach copies of past two (2) years Form W-2.

PRESENT EMPLOYMENT	IF MILITARY: Rank/Rate	Branch	Length of Service
EMPLOYED BY:		EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK
SUPERVISOR NAME AND TITLE			PHONE

PREVIOUS EMPLOYMENT (If with present employer less than two (2) years)

EMPLOYED BY:	EMPLOYED SINCE:
BUSINESS ADDRESS:	CITY
POSITION	SALARY \$
SUPERVISOR NAME AND TITLE	

CO-APPLICANT PRESENT EMPLOYMENT	IF MILITARY: Rank/Rate	Branch	Length of Service
EMPLOYED BY:		EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK
SUPERVISOR NAME AND TITLE			PHONE

PLEASE INITIAL _____

CO-APPLICANT PREVIOUS EMPLOYMENT (If with present employer less than two (2) years)

EMPLOYED BY:		EMPLOYED SINCE:		
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK	
SUPERVISOR NAME AND TITLE				PHONE

APPLICANT/CO-APPLICANT OTHER INCOME

\$	PER	SOURCE:
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FINANCIAL HISTORY

BANK REFERENCES

BANK NAME	SAVINGS/CHECKING/OTHER	ACCOUNT NUMBER	CURRENT BALANCE \$

MONTHLY PAYMENTS (Payments of 3 mos. or more duration, e.g., Auto, Mortgage, Alimony, Dependent, Support, Taxes, Garnishment, Etc.)

TO:	FOR	BALANCE	MONTHLY PAYMENT \$

HAS APPLICANT EVER FILED FOR BANKRUPTCY? _____ DATE FILED _____ DATE GRANTED _____ WHERE FILED? _____	
HAS APPLICANT EVER BEEN EVICTED OR HAD JUDGMENT ISSUED AGAINST HIM/HER?	YES NO
ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST APPLICANT/CO-APPLICANT?	YES NO
HAS APPLICANT HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE PAST SEVEN YEARS?	YES NO
IS APPLICANT PARTY TO A LAWSUIT?	YES NO
IS APPLICANT OBLIGATED TO PAY ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE?	YES NO
IS APPLICANT A CO-MAKER OR ENDORSER ON A NOTE?	YES NO
IF APPLICANT ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH EXPLANATION.	

ADDITIONAL INFORMATION

AUTOMOBILES, MOTORCYCLES, VANS, TRUCKS, TRAILERS, CAMPERs, RV's, BOATS, COMMERCIAL VEHICLES, ETC.

MAKE	MODEL	YEAR	COLOR	STATE	LICENSE NUMBER

WATERBED HOBBIES

DO YOU OWN OR PLAN TO PURCHASE A WATERBED? YES* NO	
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*Requires owner approval and waterbed insurance.

PERSONAL REFERENCES

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

EMERGENCY CONTACT NOT LISTED ABOVE

NAME	PHONE	RELATIONSHIP
ADDRESS	CITY	STATE ZIP

PETS (DOGS, CATS, FISH, BIRDS, REPTILES, RODENTS, ETC.)

TYPE	BREED	SIZE/WEIGHT	AGE	GENDER
OTHER INFO				

I/WE REPRESENT THAT THE PREMISES SHALL NOT BE USED FOR ANY ILLEGAL OR RESTRICTED PURPOSE(S) AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

APPLICANT DATE
APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION

CO-APPLICANT DATE
CO-APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION