

The undersigned hereby makes an application to rent the following property:			
Anticipated Move-In Date:		Monthly Rent:	Security Deposit:
<b>FIRST MONTH RENT AND DEPOSIT REQUIRED</b>			
<b>APPLICANT INFORMATION</b>			
First Name:		Middle Name:	Last Name:
Home Phone:		Cell Phone:	Work Phone:
Date of Birth:		Social Security Number:	
Email Address:			
Driver's License Number:		State of Issue:	
<b>CO-APPLICANT INFORMATION</b>			
First Name:		Middle Name:	Last Name:
Home Phone:		Cell Phone:	Work Phone:
Date of Birth:		Social Security Number:	
Email Address:			
Driver's License Number:		State of Issue:	
<b>DEPENDENTS</b>			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
<b>RESIDENTIAL HISTORY</b>			
Current Residence Street Address:			<input type="checkbox"/> Rent <input type="checkbox"/> Own
City:		State:	Zip:
Monthly Payment:	Landlord Name:	Landlord Phone:	
Reason for Leaving:			
Previous Residence Street Address:			<input type="checkbox"/> Rent <input type="checkbox"/> Own
City:		State:	Zip:
Monthly Payment:	Landlord Name:	Landlord Phone:	
Reason for Leaving:			
<b>APPLICANT EMPLOYMENT INFORMATION</b>			
Current Employer:		Occupation:	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired			
Address:		City:	State: Zip:
Supervisor Name:		Supervisor Phone:	
Years Employed:		Monthly Income:	

APPLICANT EMPLOYMENT INFORMATION			
Previous Employer:		Occupation:	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired			
Address:	City:	State:	Zip:
Supervisor Name:		Supervisor Phone:	
Years Employed:		Monthly Income:	
APPLICANT CREDIT HISTORY			
Have you declared bankruptcy in the past seven (7) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from a rental residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had two (2) or more late rental payments in the last year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any "yes" listed above.			
CO-APPLICANT EMPLOYMENT INFORMATION			
Current Employer:		Occupation:	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired			
Address:	City:	State:	Zip:
Supervisor Name:		Supervisor Phone:	
Years Employed:		Monthly Income:	
Previous Employer:		Occupation:	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired			
Address:	City:	State:	Zip:
Supervisor Name:		Supervisor Phone:	
Years Employed:		Monthly Income:	
CO-APPLICANT CREDIT HISTORY			
Have you declared bankruptcy in the past seven (7) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from a rental residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had two (2) or more late rental payments in the last year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any "yes" listed above.			

PERSONAL REFERENCES			
Name:		Phone:	
Relationship:		Years Known:	
Address:			
Name:		Phone:	
Relationship:		Years Known:	
Address:			
Name:		Phone:	
Relationship:		Years Known:	
Address:			
EMERGENCY CONTACT			
Name:		Relationship:	
Phone:	Address:		
VEHICLE INFORMATION			
Make:	Model:	Color:	Year:
License Plate Number:		License Plate State:	
Make:	Model:	Color:	Year:
License Plate Number:		License Plate State:	
Make:	Model:	Color:	Year:
License Plate Number:		License Plate State:	
Make:	Model:	Color:	Year:
License Plate Number:		License Plate State:	
ADDITIONAL INFORMATION			
Please provide any additional information that might help the owner evaluate this application:			

I hereby apply to lease the above described premises for the term and upon the above conditions set forth and agree that rent is to be payable the first day of each month in advance. I warrant that all statements above set forth are true.

When so approved and accepted, I agree to execute an agreement to rent. I understand the rental will be a one-year lease. I understand it is recommended to carry a renter's insurance policy while at the premises for my own personal property. I also agree before possession is given to pay the balance of the security deposit and first month's rent prior to the move in date. I recognize that as part of your procedure for processing my application, a credit report and background check are required.

I understand no pets or smoking are allowed and non-compliance will result in the loss of the security deposit as well as charges for damages incurred as a result of non-compliance, which may be grounds for termination of the tenancy.

I certify that all the information provided above is true and correct and understand any lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, credit bureaus, background check, current and previous landlords/employers, and personal references.

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Applicant Signature

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Date

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Co-Applclicant Signature

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Date