## APPLICATION TO RENT

Please print and answer ALL questions.

Applicant's full name		Phone	
Present street address		 Citv	Zip
PO BoxZip	Birth date	Social Security #	
Email address			
Name of <b>present</b> Landlord/Mana	ger	Phone	
Address		City	_ Zip
AddressHow long lived there?	_ Reason for moving		
Previous street address		City	Z1p
Previous street address Name of <b>previous</b> Landlord/Man Address How long lived there?	ager	Phone	<u>-</u>
Address		City	Z1p
How long lived there?	_ Reason for moving		
Employed by	Supervisor name	Phone	
Employed by	Supervisor name	Date birec	
Occupation	Average not	monthly income	
Occupation If not employed, your source	of income and amount	monthly income	
If not emproyed, your source	of fricome and amount		
Credit References			
1 Rank	Rranch/∆ddress		
<ol> <li>Bank</li> <li>Credit Card Co</li> </ol>	Address/Phone		
2. creare cara co	Address/Thone		
Personal References			
1. Name	Relationship	Phone	
2. Name	Relationship	Phone	
2nd Annlicant's full name		Home phone	
Present street address		ridine prione	7in
2 <sup>nd</sup> Applicant's full name Present street address PO BOX Zip	Rirth date	Social Security #	
Email address		secial seculity "	
Name of <b>present</b> Landlord/Mana	ger	Phone	
Address		City	Zip
AddressHow long lived there?	Reason for moving		
Previous street address		City	Zip
Name of <b>previous</b> Landlord/Man	ager	Phone	
Address		City	Zip
Previous street address Name of <b>previous</b> Landlord/Man Address How long lived there?	_ Reason for moving		
		_1	
Employed by Work Address	Supervisor name	Phone	
work Address	City	Date hired	
Occupation	Average net	monthly income	
If not employed, your source	of income and amount		
Cradit Bafarancas			
Credit References	Pranch /Address		
1. Bank	Branch/Address		
2. Credit Card Co	Address/Phone .		
Personal References			
1. Name	Relationshin	Phone	
2 Name	Relationship	Phone	
		:	

(over)

Names of adults to occupy unit Names and ages of children to occupy	unit	
Number of cars you will keep at this	address	
Make of car	Year	
Make of car	Year	License #
Make of car	Year	License #
In case of accident or illness, notif	fy: Name	Relationship
AddressPhone	City	State Zip
	the unit smoke	e?
Have you ever been evicted?	If so, exp	olain
Have you ever been convicted of a fel	lony? If so, ex	xplain
Date property desired the deposit in full at that time?	Are you p	orepared to pay the 1st month's rent and
	will be, at th	s true. If accepted as a tenant, a ne option of the owner/agent, grounds this document shall be a part thereof.
I hereby give my permission for a com plus anything that may become apparen		
APPLICANT SIGNATURES		Date
		Date
Referred by		

To return application:

• Scan and email to <a href="mailto:rental@shauneagan.com">rental@shauneagan.com</a> or text to 509-910-2399. You can use a scanning app or take good quality cell phone pictures, either way is fine.

Any questions, email <a href="mailto:rental@shauneagan.com">rental@shauneagan.com</a> or text 509-910-2399.