

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	nce DIVORCED Since			DRIVERS LICENSE # STATE			_
PHONE		CELL HOME	PHONE		EXT.			EMAIL			
PRESENT HOME ADDRESS					CITY/STATE/ZI	Р					_
LENGTH OF TIME PRESE			PRESENT LA	ANDLORD			LANDLORD PHO	ANDLORD PHONE			
REASON FOR LEAVING					AMOUNT OF RENT			Is your present rent up to date?			
PREVIOUS HOME ADDRESS					CITY/STATE/ZIP			•			
LENGTH OF TIME PREVIO			PREVIOUS L	LANDLORD				LANDLORD PHO	ANDLORD PHONE		
REASON FOR LEAVING					AMOUNT OF RENT			Was your rent up to date?			
NEXT PREVIOUS HOME ADDRESS					CITY/STATE/ZI	Р					
LENGTH OF TIME	LENGTH OF TIME NEXT PREV			OUS LANDLORD			LANDLORD PHONE				
REASON FOR LEAVING					AMOUNT OF RENT			Was your rent up to date?			
PROPOSED OC	CLIPAN	IT(S)									
NAME	PROPOSED OCCUPANT(S) ME RELATIONSHIP					OCCUPATION			AGE		
NAME	IAME RELAT					OCCUPATION		AGE		_	
NAME REL			ONSHIP			OCCUPATION			AGE		_
NAME RELA			ITIONSHIP			OCCUPATION			AGE		_
NAME RELATI			IONSHIP			OCCUPATION			AGE		_
DRODOSED 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		_
VEHICLE(C) IN	EODIA	TION									_
VEHICLE(S) IN	FORMA MAKE	TION	MODEL		COLOR		PLATE #		STATE		
YEAR	MAKE		MODEL		COLOR		PLATE #		STATE		
TEM.	W UCE		MODEL		COLOR		1 2/4/2 "] 52	
EMPLOYMENT	1										
CURRENT EMPLOYER			OCCUPATION				HOL	HOURS/WEEK			
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	SOURCE			PROOF OF INCOME YES NO			
				SOURCE				PROOF OF INCOME YES NO			
CURRENT S WEE			☐ YEARLY	SOURCE				PROC	OF OF INCOME	YES NO	



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CREDIT CARD / FINAN	CIAL IN	FORMATION						
CAR LOAN Lien Holder		BALANCE OWED	MONTHLY PAYMENT			CREDITOR'S		
CREDIT CARD COMPANY		BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	_		
CREDIT CARD COMPANY		BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S			
CREDIT CARD COMPANY		BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S	5 _	-		
CHILD SUPPORT/ OTHER CREDIT OWED		BALANCE MONTHLY OWED PAYMENT			CREDITOR'S			
BANK ACCOUNT NAME OF BANK		BALANCE MONTHLY PAYMENT			ACCOUNT NUMBER			
EMERGENCY / PERSON	AI DEE	EDENICE INEODMAT						
ENTERGENCY / PERSON EMERGENCY CONTACT	AL KEF	PHONE	HON	PHONE				
			CELL HOME		_	_	П НОМЕ	☐ WORK
RELATION		ADDRESS		CITY/STATE/ZII	P			
EMERGENCY CONTACT		PHONE	CELL HOME	PHONE	_	_	□ НОМЕ	☐ WORK
RELATION		ADDRESS		CITY/STATE/ZII	P			
PERSONAL REFERENCE		PHONE	CELL HOME	PHONE	_	_	П НОМЕ	work
RELATION		ADDRESS		CITY/STATE/ZII	Р			
PERSONAL REFERENCE		PHONE	CELL HOME	PHONE	_	_	П номе	work
RELATION		ADDRESS		CITY/STATE/ZII	P			
APPLICANT QUESTION	INAIRE	/ AUTHORIZATION						
Has applicant ever been sued for bills?		Has applicant ever been locked out of		ne sheriff?	YES	☐ NO		
Has applicant ever been bankrupt?	YES 🔲 NO	Has applicant ever been brought to co	ourt by another landlo	ord?	YES	☐ NO		
Has applicant ever been guilty of a felony?	YES 🔲 NO	Has applicant ever moved owing rent	or damaged an apart	ment?	YES	☐ 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	dlords, employers, creditors, credit burea	aus, neighbors and an	v other sources	s deemed r	necessary to	investigate a	pplicant.
All information is true, accurate and complete to	•		-	•		•	•	
ANY PERSON OR FIRM IS AUTHORIZED TO RELE	ASE INFORMAT	ON ABOUT THE UNDERSIGNED UPON	PRESENTATION OF TH	IIS FORM OR A	РНОТОСС	OPY OF THIS	FORM AT A	NY TIME.
X								
If you have any que	stions about the	interpretation or legality of this form, p	lease consult an atto	rney or other q	ualified pe	erson.		
NOTES:								

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