



# Rental Application for Residents and Occupants

*Each co-applicant and each occupant over 18 years old must submit a separate application. Spouses may submit a single application*

**Date when filled out:** \_\_\_\_\_

**ABOUT YOU** Full Name (exactly as on driver's license or govt. ID card) \_\_\_\_\_

\_\_\_\_\_

Your street address shown on your driver's license or govt. ID card: \_\_\_\_\_

\_\_\_\_\_

Driver's license # and state: \_\_\_\_\_

OR govt. photo ID card #: \_\_\_\_\_

Former last names (maiden and married) \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Marital Status:  single  married  divorced  widowed  separated

Are you a U.S. citizen?  Yes  No Do you or any occupant smoke?  Yes  No

Will you or any occupant have an animal?  Yes  No

Kind, weight, breed, age: \_\_\_\_\_

Current home address (where you now live) \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_

Name of apartment where you now live: \_\_\_\_\_

Current owner or manager's name: \_\_\_\_\_

Their phone: \_\_\_\_\_ Date moved in: \_\_\_\_\_

Why are you leaving your current residence? \_\_\_\_\_

\_\_\_\_\_

Your previous home address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_

Apartment name: \_\_\_\_\_

Name of above owner or manager's name: \_\_\_\_\_

Their phone: \_\_\_\_\_ Previous monthly rent: \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

**YOUR WORK** Present employer: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Position: \_\_\_\_\_

Your gross monthly income is over :\$ \_\_\_\_\_

Date you began this job: \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Position: \_\_\_\_\_

Gross monthly income was over: \$ \_\_\_\_\_

Date you began and ended this job: \_\_\_\_\_

Previous supervisor's name and phone: \_\_\_\_\_

**YOUR SPOUSE** Full name: \_\_\_\_\_

Former last names (maiden and married) \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_

OR govt. photo ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Present employer: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Position: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over: \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

**OTHER OCCUPANTS** Names of all persons under 18 and other adults who will occupy unit without signing the lease. Continue on separate page if more than three.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_\_ DL or govt. ID care #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_\_ DL or govt. ID care #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_\_ DL or govt. ID care #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**YOUR VEHICLES** List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if more than two.

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_

**WHY YOU RENTED HERE** Were you referred? ?  Yes  no If Yes, by whom: \_\_\_\_\_

Name of locator or rental agency \_\_\_\_\_

Name of individual locator or agent: \_\_\_\_\_

Name of friend or other person: \_\_\_\_\_

Did you find us on your own?  Yes  No If Yes fill in the information below:

On the Internet  Stopped by  Newspaper (name): \_\_\_\_\_

Rental Publication: \_\_\_\_\_

Other: \_\_\_\_\_

<p><b>YOUR CREDIT HISTORY</b> Your bank's name, city, state: _____</p> <p>_____</p> <p>List all major credit cards: _____</p> <p>_____</p> <p>Your other Non-work income you want considered. Please explain: _____</p> <p>_____</p> <p>Have you or your spouse ever owned a home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Past credit problems you want to explain. (Use separate page.)</p>	<p><b>EMERGENCY</b> Emergency contact person over 18 who will Not be living with you:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work Phone:( _____ ) _____</p> <p>Home Phone:( _____ ) _____</p> <p>Relationship: _____</p> <p>If you die or are seriously ill, missing, or in jail or penitentiary according to an affidavit of, [check one or more]: <input type="checkbox"/> the above person, <input type="checkbox"/> your spouse, or <input type="checkbox"/> your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If No box is checked, any of the above are authorized to us to send for an ambulance at your expense. We're Not legally obligated to do so.</p>
<p><b>YOUR RENTAL/CRIMINAL HISTORY</b> Check only if applicable</p> <p>You represent the answer is "No" to any item that is Not checked.</p> <p>Have you, your spouse, or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> broken a rental agreement? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been arrested for a felony or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? <input type="checkbox"/> been arrested for a sex-related crime that has Not been resolved by any method? Please indicate year, location and type of each felony and sex-related crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.</p> <p>_____</p> <p>_____</p>	<p><b>AUTHORIZATION</b> I or we authorize (name of owner or complex)</p> <p>To obtain reports from consumer reporting agencies before, during and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including income history and other information reported by employers(s) to any state employment agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expired 365 days from the date of this Application.</p> <p>Applicant Signature _____</p> <p>Spouse's Signature _____</p>

Applicant must also complete and sign **“Contemplated Lease Contract Information”** form