

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate application.

Spouses may submit a joint application

Date when filled out: _____

ABOUT YOU Full name (exactly as on driver's license or govt. ID card)

Your street address (as shown on your driver's license or government 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: π single π married π divorced π widowed π separated

Current home address (where you now live): _____

City/State/Zip: _____

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

Name of apartment where you now live: _____

Current Apt/Landlord's name: _____

Office phone: _____ Date moved in: _____

Why are you leaving your current residence: _____

Your previous address: _____

City/State/Zip: _____

Apartment name: _____

Name of above owner or manager: _____

Their phone: _____ Previous Monthly rent: \$ _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____ Fax No _____

Position: _____ Employment Date _____

Your gross monthly income is over: \$ _____

(attach pay stub)

Supervisor's name and phone _____

Previous employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____ Fax No _____

Position: _____ Employment Date _____

Gross monthly income was \$ _____

Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY Your bank's name, city, state: _____

Your other non-work income you want considered. Please explain: _____

Have you or your spouse ever owned a home? π Yes π No

Past credit problems you want to explain. _____

YOUR RENTAL/CRIMINAL HISTORY Have you, your spouse, or any

occupant listed above ever: been evicted or asked to move out? broken a rental agreement or lease contract? declared bankruptcy? been sued for nonpayment of rent? been sued for damage to rental property? been convicted of a felony? received deferred adjudication for a felony? been arrested for a felony which has not been finally adjudicated (by dismissal, acquittal or conviction)? Please indicate the year, location and type of each felony. We may need to discuss more facts before making a decision _____

You represent the answer is "no" to any item not checked above.

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: _____

Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____ Fax No. _____

Position: _____ Employment Date: _____

Gross monthly income is: \$ _____ Supervisor's name: _____

Supervisor's phone: (_____) _____

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit. Continue on separate page if more than three.

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card #: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card #: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card #: _____

Birthdate: _____ Social Security #: _____

YOUR VEHICLES List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

OTHER INFORMATION Will you or any occupant have an animal? π yes π no

Kind, weight, breed, age: _____

How were you referred? π Stopped by π Rental guide (name): _____

π Rental agency or locator service name: _____

Agent's name: _____

π Friend (name): _____ Newspaper (name): _____

π Other: _____

EMERGENCY Emergency contact person over 18, who will not be living with you

Name: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____

Home phone: (_____) _____

Relationship: _____

If you are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more): π the above person, π your spouse, and/or π your parent or child 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 at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION I or we authorize the apartment owner or it's agent to verify the above information by all available means. Owner is not required to re-verify or investigate preliminary findings.

Applicant's signature _____

Spouse's signature _____

You must also sign the Application Agreement on back side of this Application