

## **Rental Application**



Please complete all information requested below. Incomplete information will delay the processing of your application. Each resident and occupant 18 or over must submit a separate application unless married. PLEASE PRINT CLEARLY.

How did yo	ou hear about us?						
☐ Drive by	☐ Apartment Guide	□ Other:					
Applican	t Information (Exa	ctly as it appears on you	r driver's licens	e or government II	D card)		
□ Mr. □	Mrs. □ Ms.	☐ Single	☐ Married	☐ Separated	☐ Divorced		
First Name			Last N	ame			
Social Secu	rity Number	Date of Bir	rth	Email Address			
Driver's Lic	eense/Government Issu	ned ID Number		State	Expiration D	vate	
Mobile Pho	ne	Home Pho	ne	Work Phone			
Current Add	dress □ Own □Rer	nt		City	State	Zip	
How Long?	Current Rent/	Mortgage Payment	Landlo	ord/Mortgage Cor	mpany Name Ph	one Number	
Employm	ent Information						
Current Em	ployer			Position/Title		How Lor	ng?
Address				City	State	Zip	
Supervisor's Name and Phone Number				Gross Monthly Income			
Vehicle I	nformation (List all	vehicles to be parked by	you, your spou	use, or other occupa	ants you would like to keep	on property)	
Year	Make	Model		Color	License Plate	e Number	State
Year	Make	Model		Color	License Plate	e Number	State
Year	Make	Model		Color	License Plate	 e Number	State

Zip

State

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	e and service animals are not cons	sidered "nets")			
Will you have pets? ☐ Yes		ruered peus )			
What kind?	Breed	Age	Gender	Weight	
What kind?	Breed	Age	Gender	Weight	
Spouse Information (Ex	actly as it appears on your driver's	s license or governm	nent ID card)		
□ Mr. □ Mrs.					
First Name		Last Name			
Social Security Number	Date of Birth		Email Address		
Driver's License/Governmen	t Issued ID Number	State	Ехр	piration Date	
Mobile Phone	Home Phone		Work Phone		
Current Employer		Positi	on/Title	How Long?	
Employer Address			City	State Zip	
Supervisor's Name and Phone Number			Gross Monthly Income		
Additional Occupants	(List all persons <b>under 18</b> who wil	ll occupy the unit. A	Anyone <b>18 or over must co</b>	mplete a separate application.)	
E' AN			D.1.4. 11	D ( CD' 4)	
First Name	Last Name		Relationship	Date of Birth	
First Name	Last Name		Relationship	Date of Birth	
First Name	Last Name		Relationship	Date of Birth	
<b>Emergency Informatio</b>					
	emergency and that you author 3-1314(F), disability or incarcer		ke possession of your pe	ersonal property in the event of	
First Name		Last Name		Relationship	

Email Address

Address

Phone Number

City

Rental Ap	plication>>
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Credit and Background History	
Have you ever been evicted? ☐ Yes ☐ No Have you ever broken a lease? ☐ Yes ☐ No Have you ever been sued for rent? ☐ Yes ☐ No Have you ever been sued for property damage? ☐ Yes ☐ No Do you use illegal drugs? ☐ Yes ☐ No Have you ever engaged in the distribution or sale of illegal drugs? ☐ Yes ☐ No Have you ever been convicted, arrested or charged with any crime? ☐ Yes ☐ No Have you ever declared bankruptcy? ☐ Yes ☐ No If so, when: Discharge D	oate:
Please give a detailed explanation(s) and date(s) for any question answered "Yes" above:	
Additional Information	
Have you or anyone in your household had, or do you presently have, bed bugs or other pest issues? If yes, please explain:	□ Yes □ No
Please give any information that might help evaluate this application:	
Authorization/Acknowledgement	
I hereby authorize and instruct Owner/Broker/Property Manager to investigate the information supplied inquiries concerning my income, employment, credit, criminal record (if any), and character for the purifying for this rental and any renewals thereof. I further authorize the release of any and all information reference, employer, former owners, credit reporting services, department of motor vehicles, and gover release and hold harmless all parties from liability for any damages that may result from furnishing this actual credit report will not be provided to applicant(s) by Owner/Broker/Property Manager.	rpose of verifying and nation available from any rnmental agencies. I hereby
A Security Deposit and Application Fee are required and must be paid prior to processing the application refundable if the application is not approved (14 day delay required for bank clearance of check). If the Security Deposit is credited to the required move-in costs. If applicant(s) should withdraw this application be refunded provided the withdrawal takes place within forty-eight (48) hours after submitting the applications. The Application Fee is non-refundable.	e application is approved, the ation, the Security Deposit will
Owner/Broker/Property Manager complies with all federal, state, and local fair housing laws and regul	ations.
I have read and understand the Authorization/Acknowledgement stated above. By signing this applica my knowledge all of my statements in this application are true and complete and that I accept the quali Owner/Broker/Property Manager by which my application will be evaluated.	
Applicant Signature	Date
Spouse Signature	Date