

RENTAL APPLICATION

I hereby make application to rent _____

FULL NAME: Applicant: _____ PHONE: _____

SOCIAL SECURITY NUMBER: APPLICANT: _____

FULL NAME: Co-applicant: _____ PHONE: _____

SOCIAL SECURITY NUMBER: CO-APPLICANT: _____

CURRENT ADDRESS: _____ ZIP _____

LANDLORD NAME: _____

LANDLORD TELEPHONE: _____

MONTHLY RENT: _____ HOW LONG AT THIS ADDRESS: _____

REASON FOR MOVING: _____

HAVE YOU GIVEN WRITTEN NOTICE TO LANDLORD OF MOVE? _____

MAY WE CONTACT LANDLORD? _____

WHO WILL OCCUPY THIS RESIDENCE? Names and ages of all _____

DO YOU HAVE ANY ANIMALS? _____

IN CASE OF EMERGENCY CONTACT: name, telephone number and relationship: _____

HOW MANY VEHICLES WILL REGULARLY BE AT THIS LOCATION? _____

PREVIOUS ADDRESS (If less than two years) _____

CITY, STATE, AND ZIP CODE: _____

Have you ever been asked to move out or evicted? _____yes _____no

Been sued for damage to a rental unit? _____yes _____no

Broken a rental agreement or lease? _____yes _____no

Declared bankruptcy? _____yes _____no

Been convicted of a felony? _____yes _____no

CURRENT EMPLOYMENT: APPLICANT: _____

HOW LONG EMPLOYED? _____

SUPERVISOR TO VERIFY EMPLOYMENT: _____

CURRENT EMPLOYMENT: CO-APPLICANT: _____

HOW LONG EMPLOYED?: _____

SUPERVISOR TO VERIFY EMPLOYMENT: _____

I/We hereby state that this information is complete and accurate. I/We understand that in the event a lease is entered into, it may be cause for this lease to be terminated by the Landlord if any of the information provided in this application is materially inaccurate or incomplete. I/We authorize the Landlord and/or its agent to verify the information provided herein. Acceptance or rejection of the applicant(s) shall be based upon the information furnished and the availability of the premises and the Landlord/owner/management company shall have the absolute discretion to accept or reject this application. If this application is accepted and the applicant is so notified, I/We agree to deposit a security deposit for the rental unit within two (2) days of notification of acceptance. I/We agree to sign the lease within seven (7) days of notification. If these conditions are not met, the landlord/and or management company has no obligation to me/us, and may lease the premises to any other applicant they may choose. I/We are the only person(s) who will reside at the premises if this application is approved. I/We agree to deposit \$_____ to the landlord/management company for a credit check, and this fee is non-refundable, irrespective of any acceptance or denial of application.

DATED THIS _____ DAY OF _____, _____.

