



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 INFORMATION

| | | | |
|---|--|---|------------------------------|
| FIRST NAME | MIDDLE | LAST | S.S.# |
| DATE OF BIRTH / / | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____ | | DRIVERS LICENSE # STATE |
| PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME | PHONE - - EXT. | <input type="checkbox"/> HOME <input type="checkbox"/> WORK EMAIL | |
| PRESENT HOME ADDRESS | | CITY/STATE/ZIP | |
| LENGTH OF TIME | PRESENT LANDLORD | LANDLORD PHONE - - | |
| REASON FOR LEAVING | AMOUNT OF RENT | Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PREVIOUS HOME ADDRESS | | CITY/STATE/ZIP | |
| LENGTH OF TIME | PREVIOUS LANDLORD | LANDLORD PHONE - - | |
| REASON FOR LEAVING | AMOUNT OF RENT | Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NEXT PREVIOUS HOME ADDRESS | | CITY/STATE/ZIP | |
| LENGTH OF TIME | NEXT PREVIOUS LANDLORD | LANDLORD PHONE - - | |
| REASON FOR LEAVING | AMOUNT OF RENT | Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PROPOSED OCCUPANT(S)

| | | | |
|------|--------------|------------|-----|
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |

PROPOSED PET(S)

| | | | |
|------|------------|--|-----|
| NAME | TYPE/BREED | <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | AGE |
| NAME | TYPE/BREED | <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | AGE |
| NAME | TYPE/BREED | <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | AGE |

VEHICLE(S) INFORMATION

| | | | | | |
|------|------|-------|-------|---------|-------|
| YEAR | MAKE | MODEL | COLOR | PLATE # | STATE |
| YEAR | MAKE | MODEL | COLOR | PLATE # | STATE |

EMPLOYMENT

| | | |
|------------------|---------------------|----------------|
| CURRENT EMPLOYER | OCCUPATION | HOURS/WEEK |
| SUPERVISOR | PHONE - - EXT: | YEARS EMPLOYED |
| ADDRESS | CITY/STATE/ZIP | |
| CURRENT EMPLOYER | OCCUPATION | HOURS/WEEK |
| SUPERVISOR | PHONE - - EXT: | YEARS EMPLOYED |
| ADDRESS | CITY/STATE/ZIP | |

INCOME

| | | |
|--|--------|--|
| CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY | SOURCE | PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY | SOURCE | PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY | SOURCE | PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO |

