

APPLICATION TO RENT

(all sections must be completed)

Individual applications required from each proposed occupant 18 years of age or older

APPLYING FOR: _____

Apt No. _____ Located at _____ Rent Amt _____ per _____

How did you hear about rental? _____ Expected Move-In Date: _____

Name: _____ Phone: () _____

Last First Middle

Social Security #: _____ Driver's Lic and State: _____ Birthdate: __/__/__

Name of Co-Applicant(s) _____

Number of Dependants (Excluding Co-Applicant) _____ Age of Dependants _____

Do you have any pets (Number and kind) _____

LIST ALL ADDITIONAL OCCUPANTS WHO WILL RESIDE IN UNIT

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

RENTAL HISTORY

1. Current

Address: _____

Street Unit City State Zip

How long? (Month/Year): _____ To: _____ Rent Paid: _____

Owner/Manager: _____ Tel: _____ Reason for leaving: _____

2. Previous

Address: _____

Street Unit City State Zip

How long? (Month/Year): _____ To: _____ Rent Paid: _____

Owner/Manager: _____ Tel: _____ Reason for leaving: _____

3. Second previous

Address: _____

Street Unit City State Zip

How long? (Month/Year): _____ To: _____ Rent Paid: _____

Owner/Manager: _____ Tel: _____ Reason for leaving: _____

CURRENT EMPLOYMENT

Company name: _____ Address: _____

Phone: _____ Occupation: _____ Monthly Salary: \$ _____

Name of Supervisor: _____ Dates of Employment – From _____ To _____

PREVIOUS EMPLOYMENT

Company name: _____ Address: _____

Phone: _____ Occupation: _____ Monthly Salary: \$ _____

Name of Supervisor: _____ Dates of Employment – From _____ To _____

ADDITIONAL INFORMATION

- 1. Have you ever had any credit problems? ___Y ___N
- 2. Have you ever had an unlawful detainer filed against you? ___Y ___N
- 3. Have you ever been evicted for non-payment of rent for any other reason? ___Y ___N
- 4. Have you ever filed for bankruptcy? ___Y ___N If yes year filed: _____
- 5. Will you be using any water-filled furniture (including aquariums) in your residence? ___Y ___N
- 6. Have you ever used other names? ___Y ___N If yes: how many? _____ List: _____
- 7. Do you receive income other than salary? ___Y ___N If yes: Source? _____ Amt: _____

