

RENTAL APPLICATION EQUAL HOUSING OPPORTUNITY

THE UNDERSIGNED HEREBY MAKES AN APPLICATION TO RENT THE FOLLOWING PROPERTY:

ANTICIPATED MOVE DATE OF OF \$	AT THE MONTHLY RENT OF \$	AND SECURITY DEPOST	
PLEASE TELL US ABOUT YOURSEL			
FULL NAME			
HOME PHONE ()			
DATE OF BIRTH//			
SOCIAL SECURITY			
EMAIL	@ CELL PHONE		
CO-APPLICANTS INFORMATION			
FULL NAME			
HOME PHONE ()			
DATE OF BIRTH/			
SOCIAL SECURITY			
NAME OF ALL DEPENDANTS			
1BIR	TH/ 2 TH/ 4	BIRTH/	
3 BIR	TH/ 4	BIRTH/	
5BIR	TH/ 6	BIRTH/	
LIST ANY PETS			
PLEASE GIVE RESIDENTIAL HISTOI	RY (LAST 3 YEARS)		
CURRENT ADDRESS	CITY	STATE	
	GENT		
RENT \$ OWNER/A	GENT		
PREVIOUS ADDRESS			
RENT \$OWNER/A	GENT		

PLEASE DESCRIBE YOUR CREDIT HISTORY

HAVE YOU DECLARED BANKRUPTCY IN PAST 7 YEARS? YESNO						
HAVE YOU EVER BEEN EVICT		NO				
HAVE YOU HAD 2 OR MORE LATE RENTAL PAYMENTS IN THE PAST YEAR? HAVE YOU EVER WILLINGFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YESNO						
PLEASE PROVIDE YOUR E	MPLOYMENT INFORMATION	ON				
YOUR STATUS: FULL TIME _	PART TIME	STUDENT	UNEMPLOYED_			
EMPLOYER	EMPLYE					
DATES EMOLOYED	EMPLYEL) AS				
SUPERVISORS NAIVIE		PHON	E ()			
SALARY \$ PER_	 2 month) GIVE NAME, NUMB	ED OF DDEVIOUS EN	ADLOVED.			
(ii employed for less than 1.		ER OF PREVIOUS EIV	IPLOTEK.			
IF YOU HAVE OTHER SOUR	CE OF INCOME THAT YOU V	Would like us to	CONSIDER, PLEAS	E LIST INCOME,		
SOURCE AND PERSON (EM	PLOYER, BANKER, ETC) WHO	O WE MAY CONTAC	T FOR CONFIRMA	TION. YOU DO NOT		
HAVE TO REVEAL ALIMONY	y, child support or spou	ISES ANNUAL INCC	ME UNLESS YOU V	VANT US TO		
CONSIDER IT IN THE APPLI	CATION.					
AMOUNT\$	SOURCE / CONTACT NA	AME				
PLEASE LIST YOUR REFERI	ENCES:					
BANKING ACCOUNTS:						
NAME	TYPE OF ACCOUNT	AC	COUNT NUMBER			
NAME	TYPE OF ACCOUNT	AC	COUNT NUMBER			
			-			
PERSONAL REFERENCE OI	R EMERGENCY CONTACT:					
NAME	ADDRESS					
		ADDRESSRELATIONSHIP				
DRIVERS LICENSED:						
	NUMBER	Sī	TATE			
		·				
VEHICLE INFORMATION:						
	YEAR		LICENSE DI AT	E CTATE		
ADDITIONAL INFORMATION			LICLINGE FLAT	L STATE		
		MAICHT HELD OWN	IED /N 4 A NI A CEN 4EN	IT EVALUATE		
	DNAL INFORMATION THAT	WIIGHT HELP UWN	IEK/IVIANAGEIVIEN	II EVALUATE		
APPLICATION						

DAY PHONE NIGHT PHONE I hereby apply to lease the above described premises for the term and upon the set condition above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to except the application. I warrant that all statements above set forth our true, however: should any statement made above be a misrepresentation or not a true statement of fact, All the deposit will be retained to offset the agent's cost, time and effort in processing my application. I hereby deposit \$ as earnest money to be refunded to me if this application is not accepted In 3 business banking days. Upon acceptance this deposit is to be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for _____months before possession is Given to pay the balance of the security deposit prior to the move in date. If the application is not approved or excepted by the owner or the agent, the deposit will be refunded, the application hereby waving any claim for damages by reason of non-acceptance which is the Owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigation consumer report may be prepared whereby information is obtained through personal interview with others with whom I am may be acquainted. The inquiring includes information as to my character, general reputation, personal characteristics and mode of living. The above information, to the best of my knowledge, is true and correct. APPLICANTS NAME_____ CO-APPLICANTS NAME DATE **AUTHORIZATION RELEASE OF INFORMATION** I AUTHORIZE AN INVESTIGATION INTO MY CREDIT, TENANT HISTORY, AND EMPLOYMENT FOR THE PURPOSE OF RENTING A HOUSE, APARTMENT, OR CONDOMINUM FROM THIS OWNER/MANAGER. Name (Please Print) Signature Date Name (Please Print) __ Date_____ Signature Date APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY) DEPOSIT OF \$_____ RECEIVED BY_____ DATE **OFFICE NOTES:**

WHERE MAY WE CONTACT YOU TO DISCUSS THIS APPLICATION?