

RENTAL APPLICATION

(ONE PERSON PER APPLICATION)



Screening

Name: _____ Phone: _____

Email: _____ Former Names: _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

Driver's License #: _____ STATE: _____

Has your driver's license ever been suspended, privileges limited or revoked? Yes No

If so, when and why? _____

Current address, including ZIP CODE: _____

Name, address and telephone no. of Landlord: _____

Length of stay: _____ Rent: \$ _____ Amt. of utilities paid by tenant: \$ _____

Reason for leaving: _____

When does your lease expire? _____ Have you given notice? Yes No

When would you like to take occupancy? _____

Former address, including ZIP CODE: _____

Length of stay: _____ Reason for leaving: _____

Name, address and telephone number of Landlord: _____

If the total length of the previous two tenancies is less than two years, list additional addresses with ZIP CODE: _____

Names of all adult co-tenants: _____

Do you currently have any pets: Yes No

Number of vehicles: cars: _____ trucks: _____ other: _____

Plate numbers: _____

Current employer: _____ Phone: _____

Position: _____ Length of employment: _____ NET pay per mo: \$ _____

Additional income: Amount \$ _____ Source: _____

Total of ALL monthly debt, excluding rent and utilities listed above \$ _____

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Personal reference: (List name, address, telephone number and relationship) _____

Emergency information: (List name, address, telephone number and relationship) _____

If you could not meet your financial obligations, who would you turn to for help? _____

Do you currently carry renter's insurance? Yes No Amount: \$ _____

Company name: _____

Does anyone in your household smoke? Yes No

Have you ever been served an eviction notice or have you been asked to leave a rental property? Yes No

If so, when? _____ and why? _____

List the Landlord's name, address and telephone number: _____

Have you ever deposited rent with a court or refused to pay your rent when it was due? Yes No

If the answer is yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If so, list the charge, year, county and state: _____

Have you ever filed bankruptcy? Yes No If so, when? _____

Has it been discharged? Yes No If yes, when? _____

What type of bankruptcy? Chapter 7 Chapter 13

Have your wages ever been garnished? Yes No If so, when and why _____

Are you currently a co-signer on a loan? Yes No

I certify that all of the information listed above is truthful and complete. I give permission for a CREDIT REPORT AND CRIMINAL RECORD SEARCH to be run for tenant screening purposes. THE TENANT RELEASE FORM MUST ACCOMPANY THIS APPLICATION.

Signature: _____ Date: _____

TENANT RELEASE



Screening

We appreciate your interest in tenancy. As part of our normal procedure for processing applications, a routine inquiry into your background may be made. This inquiry may include a review of current employment, **CREDIT REPORT**, driving record, civil and criminal litigation searches and general reputation within the community. Would you please read the following statement and indicate your agreement by signing below. I authorize all persons, business organizations, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord and/or its agents any information concerning my background. I release the landlord/management and its agents from any and all liability, responsibility, damages and claims of any kind whatsoever arising from this investigation of my background.

TENANT MUST SIGN BELOW, ONE NAME PER FORM

Signature: _____ Date of Birth: _____

Print Name: _____

Driver's license #: _____ State: _____ Social Security Number: _____

Current address WITH ZIP CODE: _____

Former address WITH ZIP CODE: _____

THE LANDLORD MUST COMPLETE THE FOLLOWING:

I certify that the person giving permission to run the credit report is the individual who signed the release. I have verified it for accuracy and readability. **Print name to be researched:** _____

PRINT NAME OF LANDLORD: _____ ACCOUNT NUMBER : _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____