

Rental Application

Please attach copy of Proof of Income such as paycheck stub, SSI, Disability or Retirement Statement, etc.

DATE: _____ PROPERTY: _____
OR: Type House (2bed/3bed, etc) _____ & Monthly Rent amount \$ _____

Are you presently on Section 8 Assistance? Yes _____ No _____ Approved for _____ bd \$ _____ mo _____

If pets are allowed we do have a pet deposit on most rentals so pet(s) must be listed to be allowed in the house or yard

Do you have pets? No _____ Yes _____ If yes, what type? _____ or plan get one? Y / N _____

How did you know about this house? Drive by _____ Newspaper _____ Website _____
Zillow/Facebook/Craigslist/Marketplace _____ Referral _____ Other _____

APPLICANTS NAME: _____
First Middle or Maiden Name Last Preferred Name

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____
Best number to be reached at between 8am and 5pm _____

Social Security Number: _____ email: _____

Driver's License Number: _____ State _____ Date of Birth: _____

SPOUSE/ROOMATE NAME: _____
First Middle or Maiden Name Last Preferred Name

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____
Best number to be reached at between 8am and 5pm _____

Social Security Number: _____ email: _____

Driver's License Number: _____ State _____ Date of Birth: _____

PRESENT ADDRESS (Must have landlord's current phone number) *If less than 5 yrs fill out previous addresses*

Address:	Dates lived there (Month/Year) From To	Reason for moving:
City, State Zip	Amount of Rent: \$	
Landlord Information: Name:	Address:	Phone:

PREVIOUS ADDRESS *If above less than 5 years*

Address:	Dates lived there (Month/Year) From To	Reason for moving:
City, State Zip	Amount of Rent: \$	
Landlord Information: Name:	Address:	Phone:

PREVIOUS ADDRESS *If above less than 5 years*

Address:	City, State	Dates lived there:
Landlord Information: Name:	Amount of Rent:	Phone:

Other people that will be living in house not listed above (all persons occupying premises must be listed)

Name	Relationship	Age	Name	Relationship	Age

I / WE DECLARE THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND I / WE HEREBY AUTHORIZE YOU TO CONDUCT AN EMPLOYMENT, CRIMINAL BACKGROUND CHECK AND CREDIT CHECK AND TO VERIFY OUR REFERENCES

Have you ever been convicted of a felony or a misdemeanor? _____ If yes, Describe _____

Have you ever been evicted or asked to vacate? Yes _____ No _____ If yes when/explain _____

Have you ever filed Bankruptcy? Yes _____ No _____ If yes when/explain _____

IS THERE ANY INFORMATION YOU WANT US TO KNOW ABOUT YOURSELF OR YOUR CREDIT? _____

What is your credit score if you know it: _____

We must have a copy of Proof of Income such as paycheck stub, SSI, Disability or Retirement Statement, etc.

(1) APPLICANT'S (First Person listed on page 1) PRESENT OR LAST EMPLOYER If less than 5 yrs fill out Prev Employment

Employer:	Monthly Net Income: \$	Phone Number:	Position:
Address:	City, State	Supervisor:	Mo/Yrs worked: from _____ to _____

(2) APPLICANT'S (First Person listed on front page) PREVIOUS EMPLOYER If less than 5 years above

Employer:	Monthly Net Income: \$	Phone Number:	Position:
Address:	City, State	Supervisor:	Mo/Yrs worked: from _____ to _____

(3) APPLICANT'S (First Person listed on front page) PREVIOUS EMPLOYER If less than 5 years above

Employer:	Monthly Net Income: \$	Phone Number:	Position:
Address:	City, State	Supervisor:	Mo/Yrs worked: from _____ to _____

(1) SPOUSE/ROOMMATE(Second Person on page 1)PRESENT/LAST EMPLOYER If less than 5yrs fill out Prev Employment

Employer:	Mo. Net Income: \$	Phone Number:	Position:
Address:	City, State	Supervisor:	Mo/Yrs worked: from _____ to _____

(2) SPOUSE/ROOMMATE (Second Person listed on front page) PREVIOUS EMPLOYER If less than 5 years above

Employer:	Monthly Net Income: \$	Phone Number:	Position:
Address:	City, State	Supervisor:	Mo/Yrs worked: from _____ to _____

OTHER INCOME you wish to include (SSI/Disability/child support/etc): \$ _____ (Explain) _____

BANK INFO: Checking Account: _____ Savings Account _____ Bank: _____

CREDIT REFERENCES

Name	Address	Phone	Type of Business (credit card/Loan/Rental etc)	Amt owed	Pymt Amt
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1. _____

2. _____

3. _____

How many autos would you keep at this address? _____

Make/Model _____ Color _____ Year _____ Lease/Finance/Own _____

Make/Model _____ Color _____ Year _____ Lease/Finance/Own _____

REFERENCES: Personal Acquaintances not related to you, whom you have known at least two years.

Name	Address	Phone	Years Aquatinted
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1. _____

2. _____

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Applicant

Co-Applicant

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