

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

RENTAL APPLICATION

FOR OFFICE USE

PROPERTY _____

PREPARED BY _____

DATE _____

	INITIAL	DATE	
<input type="checkbox"/> Approved	_____	_____	Unit Applied For _____
<input type="checkbox"/> Rejected	_____	_____	Move in Date _____
<input type="checkbox"/> Needs Co-Signer	_____	_____	Rental Rate \$ _____
<input type="checkbox"/> Did not move in	_____	_____	

Please complete all sections by **PRINTING** in **INK**. **DO NOT** leave any section **BLANK**. If it does **NOT** apply, write **“N/A”** in that section. **AT LEAST** five (5) years rental history must be covered – Thank you.

APPLICANT/LAST NAME	FIRST NAME:	M.I.	DRIVER'S LICENSE NO.	EXP. DATE
Have you ever been know by any other name(s)? If so, what?			STATE	PHONE NO.
SPOUSE/LAST NAME:	FIRST NAME:	M.I.	DRIVER'S LICENSE NO.	EXP. DATE
			STATE	

NOTE: ANY ADULT (18 years & older) other than Applicant or spouse must complete a separate application.

CURRENT ADDRESS –STREET	CITY	STATE	ZIP	HOW LONG	MONTHLY RENT
					\$
CURRENT LANDLORD'S NAME	PHONE	ADDRESS		REASON FOR LEAVING	30-DAY NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIOR ADDRESS	CITY	STATE	ZIP	HOW LONG	MONTHLY RENT
					\$
PRIOR LANDLORD'S NAME	PHONE	ADDRESS		REASON FOR LEAVING	30-DAY NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIOR ADDRESS	CITY	STATE	ZIP	HOW LONG	MONTHLY RENT
					\$
PRIOR LANDLORD'S NAME	PHONE	ADDRESS		REASON FOR LEAVING	30-DAY NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT REFERENCES – List OPEN or CLOSED accounts

NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE
NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE

PERSONAL REFERENCES

NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE
------	----------------	----------------	-------

HOUSEHOLD COMPOSITION

List ALL persons, including yourself, who will reside in the apartment. Note: The number to the left indicates the “Family Member Number” and is the number requested in the remaining sections of this application.

Family
Mem.
No.

	FULL NAME	RELATIONSHIP	SEX	AGE	BIRTHDATE	OCCUPATION	SOCIAL SECURITY NO
1.		Head of Household	M F		/ /		
2.			M F		/ /		
3.			M F		/ /		
4.			M F		/ /		
5.			M F		/ /		

