

RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL IN	FORMATI	ON										
FIRST NAME	•			LAST				S.S.#				
DATE OF BIRTH	BIRTH / / MARITAL STATUS single			E MARRIED Sino	MARRIED Since DIVORCED Since			DRIVERS LICENSE # STATE				
PHONE	☐ CEL	. 🔲 номе	PHONE		EXT.	П но	ME 🔲 WORK	EMAIL				
PRESENT HOME ADDRESS		CITY/STATE/ZI	P									
LENGTH OF TIME			PRESENT LA	ANDLORD				LANDLORD PHONE				
REASON FOR LEAVING				AMOUNT OF RENT			Is your present rent up to date?					
PREVIOUS HOME ADDRESS					CITY/STATE/ZI	P						
LENGTH OF TIME			PREVIOUS LANDLORD						NE			
REASON FOR LEAVING			AMOUNT O			RENT		Was your rent up to	o date?			
NEXT PREVIOUS HOME ADDRESS					CITY/STATE/ZII	•						
LENGTH OF TIME			NEXT PREVIOUS LANDLORD						Е			
REASON FOR LEAVING				AMOUNT OF RENT				Was your rent up to date?				
DDODOSED OF	CLIDANE	(6)										
PROPOSED OCCUPANT(S) NAME RELATIONSHIP						OCCUPATION			AGE			
NAME			RELATIONSHIP			OCCUPATION			AGE			
NAME			RELATIONSHIP			OCCUPATION			AGE			
NAME			RELATIONSHIP			OCCUPATION	AGE					
			RELATIONSHIP			OCCUPATION			AGE			
PROPOSED PE	T(S)	. TUDE D	NEED						. 10			
NAME			TYPE/BREED			☐ INDOOR	OUTDOO	AGE				
NAME			TYPE/BREED			☐ INDOOR	OUTDOO	R	AGE			
NAME			TYPE/BREED			☐ INDOOR ☐ OUTDOO			AGE			
VEHICLE(S) II	NFORMAT	ION										
YEAR			MODEL		COLOR		PLATE#		STATE			
YEAR MAKE			MODEL		COLOR		PLATE # S		TATE			
EMPLOYMENT CURRENT EMPLOYER				OCCUPATION				HOUR	S/WEEK			
SUPERVISOR				PHONE			EXT:	S EMPLOYED				
ADDRESS				CITY/STATE/ZIP	_							
CURRENT EMPLOYER				OCCUPATION				HOUR	.S/WEEK			
SUPERVISOR				PHONE	EXT:			YEARS EMPLOYED				
ADDRESS				CITY/STATE/ZIP								
INCOME				SOURCE				PROOF	OF INCOME			
INCOME \$-				SOURCE				YES NO				
INCOME \$-				SOURCE					YES WNO			
INCOME \$_ WE						YES NO						



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CREDIT CARD / FINANCIAL IN	FORMATION											
CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT				CREDITOR'S						
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT			CREDITOR'S							
CREDIT CARD COMPANY	BALANCE OWED				CREDITOR'S							
CREDIT CARD COMPANY	BALANCE MONTHLY OWED PAYMENT			CREDITOR'S								
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE MONTHLY OWED PAYMENT			CREDITOR'S								
BANK ACCOUNT NAME OF BANK	BALANCE MONTHLY PAYMENT			ACCOUNT NUMBER								
EMERGENCY / PERSONAL REFERENCE INFORMATION												
EMERGENCY CONTACT	PHONE	☐ CELL ☐ HOME	PHONE	_	_	П номе	□ WORK					
RELATION	ADDRESS	CELL WHOME	CITY/STATE/ZIP			- HOME	- WORK					
EMERGENCY CONTACT	PHONE	☐ CELL ☐ HOME	PHONE			D war	□on.r					
RELATION	ADDRESS	CELL HOME	CITY/STATE/ZIP			НОМЕ	work work					
PERSONAL REFERENCE	PHONE		PHONE									
RELATION	ADDRESS	CELL HOME	CITY/STATE/ZIP	_	_	НОМЕ	₩ WORK					
PERSONAL REFERENCE	PHONE		PHONE				_					
RELATION	ADDRESS	CELL HOME	CITY/STATE/ZIP	_	_	HOME	₩ WORK					
ALL HON	IDDRESS		CITT/SIMILIZE									
APPLICANT QUESTIONNAIRE	/ AUTHORIZATION											
Has applicant ever been sued for bills?	Has applicant ever been locked out of	their apartment by the	e sheriff?	☐ YES	□ NO							
Has applicant ever been bankrupt? ☐ YES ☐ NO	Has applicant ever been brought to co	☐ YES	☐ NO									
Has applicant ever been guilty of a felony? YES NO	s applicant ever been guilty of a felony?											
Has applicant ever broken a Lease?	Is the total move-in amount available	☐ YES	□ NO									
Applicant authorizes the landlord to contact past and present land	llords, employers, creditors, credit burea	us, neighbors and any	other sources	deemed ne	cessary to i	nvestigate app	olicant.					
All information is true, accurate and complete to the best of appl		-			-							
ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.												
x _												
APPLICANT SIGNATURE DATE												
If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.												
NOTES:												
NOTES.												

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