



APPLICATION TO RENT

APPLICANT INFORMATION									
(LEGAL) Last Name First Middle					Soc. Sec. #			Date of Birth	
Other Names Used		Drivers License #/State		Email Address			Contact Phone Number		
Other Persons to Occupy Rental:	1	Full Name Relationship DOB			3	Full Name Relationship DOB			
	2	Full Name Relationship DOB			4	Full Name Relationship DOB			
Pets to occupy unit: Attach separate sheet if needed	1	Name Type Weight			2	Name Type Weight			
RESIDENCE HISTORY									
Present Address City State Zip					From _____ To _____			Monthly Pmt \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____					Landlord Evening Phone: _____				
Previous Address City State Zip					From _____ To _____			Monthly Pmt \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____					Landlord Evening Phone: _____				
EMPLOYMENT HISTORY									
Current Employer				Monthly Salary \$		Supervisor's Name		How long? Yrs Mos	
Address City State Zip				Phone		Occupation/Department			
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 nd job				Monthly Salary \$		Supervisor's Name		How long? Yrs Mos	
Address City State Zip				Phone		Occupation/Department			
ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder Amount \$ _____ per Sources _____									
VEHICLE INFORMATION									
Auto #1	Year	Make	Model	License State	License Number				
Auto #2	Year	Make	Model	License State	License Number				
EMERGENCY INFORMATION									
Nearest Relative		Relationship	Address City State Zip			Phone ()			
Emergency Contact		Relationship	Address City State Zip			Phone ()			
Personal Reference		Relationship	Address City State Zip			Phone ()			

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed _____
Applicant

Dated _____

Signed _____
Landlord

Position

Dated _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

