



Rental Application for Residents and Occupants

Each co-applicant and each occupant over 18 years old must submit a separate application. Spouses may submit a single application.

Date when filled out: _____

ABOUT YOU Full name (as on driver's license or gov't id): _____

Street Address (as on driver's license or gov't id): _____

Driver's License # and State: _____ OR Gov't Photo ID #: _____

Former Last Names (maiden and married): _____ Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Marital Status: single married divorced widowed separated

Are you a U.S. Citizen? yes no Do you or any occupant smoke? yes no

Will you or any occupant have an animal? yes no Kind, weight, breed, age: _____

Current home address (where you now live): _____

City/State/Zip: _____ Home/Cell Phone #: _____

Email address: _____ Name of apartment where you live now: _____

Current owner or manager's name: _____ Their Phone #: _____ Date Moved In: _____

Why are you leaving your current residence? _____

Your previous home address: _____ City/State/Zip: _____

Apartment name: _____ Name of above owner or manager: _____

Their Phone #: _____ Previous Monthly Rent \$: _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK Present Employer: _____

Address: _____

City/State/Zip: _____ Work Phone: _____ Position: _____

Your gross monthly income is over: \$ _____ Date you began this job: _____

Supervisor's name and phone: _____

Previous Employer: _____ Address: _____

City/State/Zip: _____ Work Phone: _____ Position: _____

Gross monthly income was over: \$ _____ Dates you began and ended this job: _____

Previous supervisor's name: _____

YOUR CREDIT HISTORY Your bank's name, city, state: _____

List major credit cards: _____

Other non-work income you want considered. Please explain:

Past credit problems you want to explain (*Please use separate page*).

YOUR SPOUSE Full Name: _____

Former last names (maiden/married): _____ Spouses' SS#: _____

DL # and State: _____ OR Gov't ID #: _____

Birthdate: _____ Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Are you a U.S. Citizen? yes no

Present Employer: _____ Address: _____

City/State/Zip: _____ Work Phone: _____

Position: _____ Date began job: _____

Gross Monthly Income is over: \$ _____ Supervisor's name and phone #: _____

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____ Sex: _____

DL or Govt ID # and State: _____ Birthdate: _____ SS #: _____

Name: _____ Relationship: _____ Sex: _____
 DL or Govt ID # and State: _____ Birthdate: _____ SS #: _____
 Name: _____ Relationship: _____ Sex: _____
 DL or Govt ID # and State: _____ Birthdate: _____ SS #: _____

YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and Color of Vehicle: _____ Year: _____
 License #: _____ State: _____
 Make and Color of Vehicle: _____ Year: _____
 License #: _____ State: _____
 Make and Color of Vehicle: _____ Year: _____
 License #: _____ State: _____

WHY YOU RENTED HERE Were you referred? yes no If yes, by whom? _____

Name of locator or rental agency: _____
 Name of individual locator or agent: _____
 Name of friend or other person: _____

Did you find us on your own? yes no If yes, then fill in information below:

internet stopped by newspaper _____ Rental Publication _____ other _____

EMERGENCY Emergency contact person over 18, who will not be living with you

Name: _____ Address: _____
 City/State/Zip: _____ Work Phone #: _____
 Home Phone #: _____ Relationship: _____

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of (check one or more)

the above person your spouse your parent or child; We allow such persons to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

YOUR RENTAL /CRIMINAL HISTORY Check only if applicable: Have you, your spouse, or any occupant listed in the

Application ever: moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location, and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. _____

Resident Names _____

AUTHORIZATION I or we, authorize (owner's name) _____

To obtain reports from consumer reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in the application, including income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days form the date of this Application.

Applicant's signature _____

Spouse's signature _____

City/State/Zip of above dwelling: _____

Monthly rent for dwelling unit: _____

Beginning Date of Lease Contract: _____

Ending Date of Lease Contract: _____

After clicking "Send Form" button, it may take a little time before the form loads as an e-mail attachment .