

RESIDENTIAL RENTAL APPLICATION

Apartment Community: _____ Date: _____ Rate: _____

Desired Apt. Type: _____ Preferred Apt. #: _____ Desired Move-In Date: _____ Deposit: _____
App. Fee: _____

Full Name(s)	Date of Birth	Social Security #	Relationship to Other Applicants	Marital Status	Fulltime Student (Yes or No)

Each applicant over the age of 18 must complete all information in the following section. If more than 2 adult applicants are applying for an apartment, the additional applicants must complete this section on a separate form.

APPLICANT'S NAME: _____

COAPPLICANT'S NAME: _____

RESIDENCE HISTORY

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1. Current Address _____

1. Current Address _____

Current Phone # _____

Current Phone # _____

Landlord's Name _____

Landlord's Name _____

Landlord's Phone # _____

Landlord's Phone # _____

Amount of Monthly Rent \$ _____

Amount of Monthly Rent \$ _____

Length of time at this address: _____

Length of time at this address: _____

Are you currently renting a:

Are you currently renting a:

Home Duplex Apartment Room

Home Duplex Apartment Room

Live at Home Other _____

Live at Home Other _____

Are you renting from Friends or Relatives?

Are you renting from Friends or Relatives?

Yes No

Yes No

Reason for Moving:

Reason for Moving:

Job Transfer Maintenance Noise

Job Transfer Maintenance Noise

Better Location Management Price

Better Location Management Price

Parking Other _____

Parking Other _____

2. Previous Address _____

2. Previous Address _____

Landlord's Name _____

Landlord's Name _____

Landlord's Phone # _____

Landlord's Phone # _____

Length of time at this address: _____

Length of time at this address: _____

EMPLOYMENT HISTORY

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1. Occupation _____

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Current Employer _____

Current Employer _____

Employer's Address _____

Employer's Address _____

Employer's Phone # _____

Employer's Phone # _____

Rate of Pay (Gross) \$ _____ per _____

Rate of Pay (Gross) \$ _____ per _____

Date of Hire _____ Hours/Week _____

Date of Hire _____ Hours/Week _____

Full Time Part Time Permanent

Full Time Part Time Permanent

Temporary Seasonal

Temporary Seasonal

2. Previous Employer _____

2. Previous Employer _____

Prev. Employer's Address _____

Prev. Employer's Address _____

Prev. Employer's Phone # _____

Prev. Employer's Phone # _____

Length of Employment _____

Length of Employment _____

Rate of Pay (Gross) \$ _____ per _____

Rate of Pay (Gross) \$ _____ per _____

STUDENT INFORMATION

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School _____

School _____

Number of Units (Currently Enrolled) _____

Number of Units (Currently Enrolled) _____

VEHICLE INFORMATION

Make	Model	Year	Color	License #

Insurance Co. _____ Cost/Month \$ _____
 Driver's License # _____

BANKING REFERENCES

Bank	Branch	Account #	Balance

CREDIT ACCOUNTS AND DEBTS

Company	Account #	Mo. Payment	Balance

SUPPORT OBLIGATIONS

Child Support paid per Month \$ _____
 Spousal Support paid per Month \$ _____

PERSONAL REFERENCES

Name	Address	Phone #	Occupation

OTHER INFORMATION

1. Have you ever been evicted?	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Have you ever refused to pay rent for any reason?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3. Do you have any pets?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4. Has a civil judgement been entered against you for collection of a debt in the past 10 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5. Have you ever been convicted of a felony?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6. Have you or do you intend to possess, sell, or use illicit drugs or narcotics in your residence?	<input type="checkbox"/> yes	<input type="checkbox"/> no
7. Do you know someone who lives here?	<input type="checkbox"/> yes	<input type="checkbox"/> no
8. If accepted, how long do you intend to stay?		

If any of the above are answered yes, explain in detail

Signature of Applicant _____ Date _____

Your signature on this application authorizes management to verify all information that is listed above. A detailed consumer credit report will be reviewed. All information must be complete and accurate or it will delay processing of the application or cause denial. An original signature and proof of identification will be required for each adult applicant.

Do not write below this line: (To be completed by management)

1. Credit Reports _____ 4. Job Verifications _____
 2. Rental History _____ 5. U. D. Checks _____
 3. Qualification Worksheet _____

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If any of the above are answered yes, explain in detail

Signature of Coapplicant _____ Date _____

Application Reviewed by: _____
 Application Approved by: _____
 Date: _____