

# BROWN NOLTEMEYER CO. RENTAL APPLICATION

Approved  Not Approved  (See Attached)

Amt. Deposit Received \_\_\_\_\_

Date of Occupancy \_\_\_\_\_

Date of Lease \_\_\_\_\_

Date \_\_\_\_\_

Address Requested \_\_\_\_\_

Roommate \_\_\_\_\_

Rent Amount \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

## RESIDENT HISTORY FOR THE PAST FIVE YEARS

Current Address \_\_\_\_\_

	Street	City	State	Zip	Phone
Month & Year Moved In	_____	_____	_____	_____	_____
Landlord	_____	Reason for Leaving	_____	Phone ( )	_____
				Monthly Payment \$	_____

Previous Address \_\_\_\_\_

	Street	City	State	Zip	Phone
Month & Year Moved In	_____	_____	_____	_____	_____
Landlord	_____	Reason for Leaving	_____	Phone ( )	_____
				Monthly Payment \$	_____

Previous Address \_\_\_\_\_

	Street	City	State	Zip	Phone
Month & Year Moved In	_____	_____	_____	_____	_____
Landlord	_____	Reason for Leaving	_____	Phone ( )	_____
				Monthly Payment \$	_____

## EMPLOYMENT INFORMATION

Present Status:  Employed Full-Time  Employed Part-Time  Student  Not Employed

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed / From: \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed / From: \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list names of all occupants (all persons occupying premises must be listed)

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all autos that you will be keeping at this address:

Make _____	Color _____	Year _____	License No. _____
Make _____	Color _____	Year _____	License No. _____
Make _____	Color _____	Year _____	License No. _____

Do you have a pet? If so, indicate breed, weight, height, and age \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

HAVE YOU EVER (Circle Answer):

Been evicted or asked to move out?	YES	NO	Been sued for non-payment of rent?	YES	NO
Been sued for damage to rental property?	YES	NO	Broken a Rental Agreement or Lease?	YES	NO
Been convicted of a felony?	YES	NO	Explain: _____		

REFERENCES

Savings Account:

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_

Checking Account:

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_

Major Credit Cards:

Account Number \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_ Balance \_\_\_\_\_

Account Number \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_ Balance \_\_\_\_\_

Account Number \_\_\_\_\_ Mo. Pymt. \_\_\_\_\_ Balance \_\_\_\_\_

APPLICANT HAS SUBMITTED THE SUM OF \$ \_\_\_\_\_ WHICH IS NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK AND PROCESSING CHARGE, RECEIPT OF WHICH IS ACKNOWLEDGED BY MANAGEMENT. SUCH SUM IS NOT A RENTAL PAYMENT, SECURITY DEPOSIT, OR PAYMENT OF ADMINISTRATIVE FEE. IN THE EVENT THIS APPLICATION IS DISAPPROVED, THIS SUM WILL BE RETAINED BY MANAGEMENT TO COVER THE COST OF PROCESSING THIS APPLICATION AS FURNISHED BY THE APPLICANT. I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE, AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THESE STATEMENTS, TO COMMUNICATE WITH MY EMPLOYER AND CREDITORS AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE TO EVALUATE THIS APPLICATION.

I HEREBY DEPOSIT \$ \_\_\_\_\_ WITH MANAGEMENT AS GOOD FAITH DEPOSIT IN CONNECTION WITH THIS APPLICATION. IF MY APPLICATION IS ACCEPTED, I UNDERSTAND THIS DEPOSIT WILL BE APPLIED TOWARD PAYMENT OF MY SECURITY DEPOSIT OF \$ \_\_\_\_\_. IF MANAGEMENT ACCEPTS MY APPLICATION, I AGREE TO EXECUTE MANAGEMENT'S USUAL RENTAL AGREEMENT ON OR BEFORE THE OCCUPANCY DATE SET OUT IN THIS APPLICATION. IF FOR ANY REASON MANAGEMENT DECIDES TO DECLINE MY APPLICATION, THEN MANAGEMENT WILL REFUND THIS GOOD FAITH DEPOSIT IN FULL. I UNDERSTAND I MAY CANCEL THIS APPLICATION BY WRITTEN NOTICE WITHIN 22 HOURS AND RECEIVE A FULL REFUND OF THIS GOOD FAITH DEPOSIT. IF I CANCEL AFTER THE 22 HOURS, OR FAIL TO EXECUTE MANAGER'S USUAL RENTAL AGREEMENT, OR REFUSE TO OCCUPY THE PREMISES ON THE AGREED UPON DATE, I UNDERSTAND THIS DEPOSIT WILL BE HELD UNTIL MANAGEMENT CAN DETERMINE IF IT HAS INCURRED ANY EXPENSES OR LOSS DUE TO MY CANCELLATION. THESE COSTS WILL BE DEDUCTED FROM THIS DEPOSIT AND THE BALANCE WILL BE REFUNDED TO ME.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY:

Credit History: \_\_\_\_\_ lines of trade \_\_\_\_\_ negative

Credit History: \_\_\_\_\_ lines of trade \_\_\_\_\_ negative