

Rental Application

An individual application is required from each occupant 18 years of age or older.

Community Name:	OFFICE USE:
Apartment Number:	
Monthly Rent:	Other:
Move In Date:	Lease Term:
Date Received:	Date:

PLEASE PRINT

NAME: (First, MI, Last)	Date of Birth:		
Social Security #	Driver License #:	State Issued	
Do you have any pets? If so what kind? Weight?			
<i>Names of other persons who will occupy apartment other than yourself:</i>			
Name:			DOB:
Name:			DOB:
Name:			DOB:
CURRENT ADDRESS:			
Street Address:	City:	State:	Zip:
Home Phone #: ())	How long at this address		
Email Address:	Years:	Months:	From: To:
Landlord Name:	Phone #: ())	Fax #: ())	
Monthly Rent Paid: \$			
PREVIOUS ADDRESS:			
Street Address:	City:	State:	Zip:
Landlord Name:	Phone #: ())	Fax #: ())	
Monthly Rent Paid: \$	How long at this address		
	Years:	Months:	From: To:
CURRENT EMPLOYMENT			
Company Name:			
Address:	City:	State:	Zip:
Position:	Gross Monthly Income:		
Phone #: ())	Fax #: ())	Length of Employment:	
Supervisor's Name:	Phone: ())	Fax #: ())	
Other Income (monthly):	Source:		

If at present employer less than 1 year, please complete the following:

PREVIOUS EMPLOYER

Company Name:

Address: City: State: Zip:

Position: Monthly Income: \$

Phone #: Fax #: Length of Employment:
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Have you ever filed for bankruptcy? Yes No
Have you ever been evicted or asked to move? Yes No
Have you ever been convicted for selling, distributing or manufacturing illegal drugs? Yes No

AUTOMOBILES

Year Make/Model Color License #

Year Make/Model Color License #

BANKING INFORMATION

Bank Name:

Address: Phone #:
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Checking/Savings Account #:

Checking/Savings Account #:

INSURANCE INFORMATION (A minimum of \$100,000 of Personal Liability Insurance is required during lease term)

Personal Liability Coverage Carrier: Amount:
Personal Property Coverage Carrier: Amount:

EMERGENCY CONTACT (other than occupant in your new apartment)

Name: Relationship: Phone #:
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Address: City: State: Zip:

Please provide the following to assist us in processing your application: 1. Driver's License, State I.D. Card, or other government-issued photo identification; 2. Proof of Income; 3. Other information requested by your leasing representative. I/We authorize you to obtain an investigative report in connection with this application. I/We also understand the any false, deceptive or absent information will result in the rejection of this application.

Signature: Date:

As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Thank you for choosing BRE Properties.

What factors most influenced your decision to choose this community? Please select up to three factors:

- Apartment Features/Finishes
- Personal Safety
- Community Amenities
- Location/Convenience
- Floor Plans
- Community Policies
- Staff/Management
- Rent Amount
- Parking
- Property Appearance
- Lease Terms
- Other: _____