

# APPLICATION TO RENT OR LEASE

**APPLICANT** Each Applicant over the age of 18 must complete their own application form

**PLEASE PRINT**

First, Middle, Last Name	Date of Birth	Social Security #	Driver's License #
Other Names Used In the Last 10 Years	Home Phone	Cell Phone	Email Address

**ADDITIONAL OCCUPANTS** List everyone who will live with you:

First, Middle, Last Name	Date of Birth	Relationship To Applicant
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## EMPLOYMENT

	Current Employment	Prior Employment
Employer		
Address		
Employer Phone		
Job Title		
Name of Supervisor		
Dates of Employment	From: To:	From: To:
Income Per Month	\$	\$

## RESIDENCE

	Current Residence	Previous Residence	Previous Residence
Street Address			
City			
State & Zip			
Dates of Stay			
Owner/Manager And Phone number			
Reason For Leaving			
Last Rent Paid	\$	\$	\$

## VEHICLES

Automobiles	Make	Model	Color	Year	License No.
Motorcycles					

## PERSONAL REFERENCES

In Case Of Emergency, Notify	Address/City	Phone	Relationship
Close Friend			
Nearest Relative Living Elsewhere			



Name of Bank or Savings & Loan		Branch or Address		Account No.		Balance	
				Checking		\$	
				Savings		\$	
Credit Accounts	Account No.	Address/City		Phone	Balance	Due Monthly	

▪ Do you smoke?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Do you have any pets/animals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Have you ever filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Do you have any musical instruments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Do you have any water-filled furniture or do you intend to use water filled furniture in the apartment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs or convicted of any other crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Have you ever been evicted or named as a defendant in an eviction for non-payment of rent or any other reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
▪ Is your rent paid in full to date with your current landlord?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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