

# Rental Application

**All occupants who are 18 years of age or older must complete an application**

## Application to Rent

Property Location:

Rent	Deposit
------	---------

## Applicant Information

Name (Last)	(First)	(Middle)
-------------	---------	----------

Date of birth	SSN or TIN #	Cell Phone
---------------	--------------	------------

Email	Work Phone	Ext.
-------	------------	------

Driver's License #	Issued by	Exp. Date
--------------------	-----------	-----------

Or Other Photo ID

## Resident History

Current address

City	State	ZIP Code
------	-------	----------

Own Rent (Please circle)	Monthly payment	From	To
--------------------------	-----------------	------	----

Owner/Agent Name	Owner/Agent Phone
------------------	-------------------

Reason for moving

Previous address:

City	State	ZIP Code
------	-------	----------

Owner/Agent Name	Owner/Agent Phone
------------------	-------------------

Owned Rented (Please circle)	Monthly payment	From	To
------------------------------	-----------------	------	----

## Employment Information

Current employer

Employer address	From	To
------------------	------	----

Phone	E-mail	Fax
-------	--------	-----

Position	Supervisor	Monthly income
----------	------------	----------------

Other income source

Previous employer	From	To
-------------------	------	----

Employer address

Phone	E-mail	Fax
-------	--------	-----

Position	Supervisor	
----------	------------	--

## Names of Occupants


## Pets

Will you have pets?	Type	Describe
---------------------	------	----------

## Vehicles

Make/Model	Year	Color	License #
------------	------	-------	-----------

Make/Model	Year	Color	License #
------------	------	-------	-----------

Make/Model	Year	Color	License #
------------	------	-------	-----------

## Additional Information

Have you filed for bankruptcy in the past 5 years?	Have you ever been asked to move?
--	-----------------------------------

If you answered yes to either of the above, explain

Have you ever been evicted?

Have you ever been convicted of manufacturing, selling or distributing illegal drugs?

**Emergency Contact**

Name	Address	Phone
Name	Address	Phone

**References**

Name	Address	Phone
Name	Address	Phone

**Application Fee**

Applicant agrees to pay an application fee in the amount of \$\_\_\_\_\_

The application fee required will be used to cover the actual costs incurred by Owner/Agent as follow:

- 1) To pay the actual cost of screening and/or credit reports \$\_\_\_\_\_
- 2) To pay the actual cost of time spent processing and verifying information provided \$\_\_\_\_\_

**Applicant declares that all statements made above are true and accurate. Owner/Agent intends to request an investigative consumer report. Applicant authorizes Owner/Agent to verify the information provided on this form, which may include background information, resident history, employment history, credit history, searches for unlawful detainers, social security number verification and references. Upon request, Applicant agrees to provide additional information, if needed, to support any statements provided. Applicant grants permission to Owner/Agent to share information with previous or future Owner/Agents.**

I would like to receive a copy of my report(s).

**By checking the box above Owner/Agent will provide a copy of your report(s) within three business days from the date the report is generated or received by Owner/Agent. Any inquiries about the information provided should be directed towards the reporting agency identified in the report(s).**

Signature of applicant	Date
------------------------	------

Owner/Agent does business in accordance with the State & Federal Fair Housing Law. Under this law it is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Source of Income, Sexual Orientation or Arbitrary Discrimination.