



# APPLICATION TO RENT

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## OWNER/AGENT TO COMPLETE

Property Address: \_\_\_\_\_ Move-in Date: \_\_\_/\_\_\_/\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_ Amount of Deposits: \$ \_\_\_\_\_ Amount of Fees: \$ \_\_\_\_\_  
 # of Units Available: \_\_\_\_\_ Applicant #: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
 Examined picture identification?  Yes  No Type of identification? \_\_\_\_\_

## PERSONAL INFORMATION

Applicant Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 First Middle Last  
 Email Address: \_\_\_\_\_ Cellular Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 S.S. #: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Driver's License, State and #: \_\_\_\_\_

Co-applicant Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 First Middle Last  
 Email Address: \_\_\_\_\_ Cellular Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 S.S. #: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Driver's License, State and #: \_\_\_\_\_

- 1) **Current Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Since: \_\_\_/\_\_\_/\_\_\_ Why are you moving? \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_
- 2) **Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Why did you move? \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_
- 3) **Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Why did you move? \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_
- 4) **Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Why did you move? \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever: Been Evicted?  Yes  No; Been sued by Landlord?  Yes  No; Filed Bankruptcy?  Yes  No; Been convicted, pleaded guilty, or no contest to a crime?  Yes  No; If yes to any of these, please explain: \_\_\_\_\_

## EMPLOYMENT/INCOME

- 1) Applicant's Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Take home pay (per month): \$ \_\_\_\_\_  Full-time  Part-time
  - 2) Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Take home pay (per month): \$ \_\_\_\_\_  Full-time  Part-time
  - 3) Co-applicant's Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Take home pay (per month): \$ \_\_\_\_\_  Full-time  Part-time
  - 4) Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Take home pay (per month): \$ \_\_\_\_\_  Full-time  Part-time
- Other Income (per month) \$ \_\_\_\_\_ Source: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Other Income (per month): \$ \_\_\_\_\_ Source: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**BANK**

- 1) Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Checking Account #: \_\_\_\_\_
- 2) Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Savings Account #: \_\_\_\_\_
- 3) Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Type/Account #: \_\_\_\_\_

**REFERENCES**

- 1) Next of Kin: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name Address Relationship
- 2) Emergency Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name Address Relationship
- 3) Personal Reference: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name Address Relationship
- 4) Personal Reference: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name Address Relationship

**PERSONAL PROPERTY**

- 1) Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_
- 2) Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_
- 3) Other Vehicles/Boats \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Do you own the following: Piano/Organ?  Yes  No Water-filled furniture?  Yes  No Fish Tank or Aquarium?  Yes  No

<b>PET # 1</b> Type: _____ Size _____ Weight _____ Has Pet ever injured anyone or damaged anything? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PET #2</b> Type: _____ Size _____ Weight _____ Has Pet ever injured anyone or damaged anything? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICANT'S COMMENTS & EXPLANATIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERS OF HOUSEHOLD**

For purposes of identification only, please list names and either ages or dates of birth of other persons to occupy unit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SCREENING CHARGE DISCLOSURE(S)**

- 1) Owner/Agent may obtain a tenant screening or credit report which generally consists of:
  - a) Credit history including credit standing;
  - b) Public records, including but not limited to judgments, liens, evictions and status of collection accounts;
  - c) Information verification;
  - d) Current obligations and credit ratings; and
  - e) Criminal records.
- 2) Owner/Agent is requiring payment of an Applicant Screening Charge \$ \_\_\_\_\_ none of which is refundable unless the Owner/Agent does not screen the applicant. Application valid for up to two weeks from date of receipt by Owner/Agent.

I understand I have the right to dispute the accuracy of any information provided to the Owner/Agent by a screening service or credit reporting agency. I am aware that an incomplete application may cause delays or result in denial of tenancy. I certify the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing (including, but not limited to credit checks). If Owner/Agent is requiring payment of an applicant screening charge, applicant acknowledges receiving a copy of or reading Owner/Agent's Screening Guidelines.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant \_\_\_\_\_ Date \_\_\_\_\_