



# RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).  
Please fill out this form **COMPLETELY** and sign where indicated.

## PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH	/	/	MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED Since _____
				<input type="checkbox"/> DIVORCED Since _____	DRIVERS LICENSE #
PHONE	-	-	<input type="checkbox"/> CELL	<input type="checkbox"/> HOME	STATE
			PHONE	-	-
				EXT.	<input type="checkbox"/> HOME
					<input type="checkbox"/> WORK
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT			Is your present rent up to date?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT			Was your rent up to date?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT			Was your rent up to date?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE

## VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

## EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT:
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT:
ADDRESS	CITY/STATE/ZIP	

## INCOME

CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME
						<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME
						<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME
						<input type="checkbox"/> YES <input type="checkbox"/> NO

