RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

THE PROPERTY		Non-Refundable Fee: \$		
Type (Apt, Home, Condo):		Square Feet	_Square Feet (SF):	
Bedrooms: Rent Amount: \$		/Month	1	
Street Address:				
City:	State:	Zip:		= = <u>-</u>
Pets? ☐ Yes ☐ No	Smoking Allowed?	☐ Yes ☐ No	Parking?	☐ Yes ☐ No
If Yes, Describe the Pa	rking:			
TENANCY				
Type/Length:	Start Date:	-		
APPLICANT DETAILS				
Full Name:	DOB	: <u></u>	_ SSN:	
Driver's License No		Phone:		_
E-Mail:				
Other Occupants? 🗆 ነ	∕es □ No			
If Yes, Describe:				
Pets? ☐ Yes ☐ No				
If Yes, Describe:				
Vehicles? ☐ Yes ☐ N	lo			
If Yes, Describe:				
Ever Been Convicted o	f a Crime? ☐ Yes ☐	l No		
If Yes, Describe:				



Ever Filed for Bank	ruptcy? ☐ Yes ☐ No		
If Yes, Describe: _			
Ever Been Evicted	? □ Yes □ No		
If Yes, Describe:			
CURRENT EMPLO			
Company:	Occupati	ion/Title:	
How Long?	Gross Income: \$(From Prior Year		ar Tax Filing)
Street Address:			
City:	State:	Supervisor:	
PREVIOUS EMPLO	OYMENT		
Company:	Occupati	ion/Title:	
How Long?	Gross Income: \$)	
Street Address:			
City:	State:	Supervisor:	
CURRENT RESIDI	ENCE		
Type (Apt, Home, 0	Condo):	_Square Feet (SF):	SF
Bedrooms:	Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	_
How long at this Ac	ddress? Curre	ent Lease Expiration Date:	
Desire for Moving?	•		
CURRENT LANDL	ORD		
Name:			
Address:			
Phone "	F-Mail*		



PREVIOUS RESIDENCE

Type (Apt, Home, Condo):		Square Feet (SF):	SF
Bedrooms:	Rent Amount: \$	/Month	
Street Address			
City:	State:	Zip;	
Start Date:	End Date:		
PREVIOUS LA	NDLORD		
Name:			
Address:			
Phone:	E-Mail:		
PREVIOUS RE	SIDENCE		
Type (Apt, Hom	ne, Condo):	Square Feet (SF):	SF
Bedrooms:	Rent Amount: \$	/Month	
Street Address			
City:	State:	Zip:	
Start Date:	End Date:		
PERSONAL RI	EFERENCES		
Full Name:		Relationship:	
E-Mail:		Phone:	
Full Name:		Relationship:	
E-Mail:		Phone:	
Full Name:		Relationship:	
E-Mail:		Phone:	
PREVIOUS LA	NDLORD		
Name:			



