

RENTAL APPLICATION

-Each adult over 18 years old living in the unit must complete an application -Incomplete applications will not be considered -Your application will be denied if you misrepresent information

- -Please print legibly -Proof of identification is required

Address		Unit No
Monthly Rental Amou	unt	Security Deposit Amount
Utilities Included (on	ly items circled are included in	in rent):
Water Sewer	Trash Heating Gas	Cooking Gas Electric Management Signature
PLEASE TELI	L US ABOUT YOURSE	ELF
JLL NAME		PHONE ()
MAIL ADDRESS_		
DATE OF BIRTH		SOCIAL SECURITY #
DL OR STATE ID #		STATE EXP.
O-APPLICANT		RELATIONSHIP
THER OCCUPANT	S: NAME	DATE OF BIRTH
	NAME	DATE OF BIRTH
	NAME	DATE OF BIRTH
	NAME	DATE OF BIRTH
	-	ted above are allowed to reside in the unit
PLEASE GIVE	E US YOUR RESIDENC	CE HISTORY / THE MOST CURRENT FIRST
URRENT ADDRE	SS:	Date Moved In:
ity / State / Zip :_		Monthly Rent :
wner or Agent:		Phone: ()
		d or application may not be approved
REVIOUS ADDRE		Date Moved In:
		Date Moved Out:
		Phone: ()
Ionthly Rent:		
REVIOUS ADDRE	SS:	Date Moved In:
City / State / Zip :		Date Moved Out:

PLEASE GIVE US YOUR EMPLOYMENT AND INCOME INFORMATION

CURRENT EMPLOYER			Phone	:: ()	
Address:			Position	1:	
City/State/Zip:			Salary:		hr / wk / m
Date(s) Employed From	to	Supervisor			
PREVIOUS EMPLOYER			Phone: (()	
Address:			Position	:	
City/State/Zip:			Salary:		hr / wk / m
Date(s) Employed From	to	Supervisor			
OTHER SOURCES OF INCOME				Monthly Income _	
OTHER SOURCES OF INCOME				Monthly Income _	
OTHER SOURCES OF INCOME *All income must be verifiable				Monthly Income _	
PLEASE LIST YOUR VEH	HICLES				
1. Make:	Model:		Color: _		Year:
License Plate #	State:		Expirati	on:	
2. Make:	Model:		Color: _		Year:
License Plate #	State:		Expirati	on:	
PERSONAL REFERENCE	ES (Friends of	r Relatives not currer	ntly living	with you)	
Name:		Relationship:			Years Known:
Address:		City / State / Zip:			
Home Phone: ()		Work Phone: ()		
Name:		Relationship:			Years Known:
Address:		City / State / Zip:			
Home Phone: ()		Work Phone: ()		
CMERCENCY CONTACT					
Name:		Relationship:			_ Years Known:
Address:		City / State / Zip:			
		Work Phone: (

PLEASE ANSWER THE FOLLOWING QUESTIONS

HAVE YOU OR YOUR CO-APPLICANT EVE	R: Convicted of manufacturing/distributing controlled substance?		
	Been evicted or asked to move out?	🗆 No	□ Yes
	*if an eviction has been filed in the past 10 years, the application will be denie		1
	Broken a Rental Agreement or Lease?	🗆 No	□ Yes
	Declared Bankruptcy?	🗆 No	□ Yes
	Had collection accounts/judgements/adverse credit?	No	□ Yes

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE AN EXPLINATION BELOW: (USE REVERSE IF NECESSARY)

Do you smoke?

List all states you have lived in within the last 10 years:

ADDITIONAL INFORMATION

How did you hear abou	it our property?
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Do you have any pets?	If	ves, how many	2	What kind?	
Do you have any pers.	11	yes, now many		w nat kinu:	

If you have a cat(s), is it declawed?

Where can we reach you by phone should we have any questions about your application?

Day ()	Night (
Day	/	INIght (

Please give any additional information that might help management evaluate your application:

AGREEMENT

I hereby agree to provide one (1) form of personal identification that includes a photo. A copy of this will be kept in with my application.

I hereby agree to pay a \$_______ (non-refundable) processing fee via Cashier's Check or Money Order only. Upon acceptance of this application, I agree to execute the lease to begin on the date agreed upon and to pay any deposits due within 3 days of notice of approval.

I acknowledge being furnished copies of the Rental Agreement, Rules & Regulations, and if applicable, any Nonstandard Rental Provisions, prior to taking occupancy of the unit.

____ Cell (

)

I understand my security deposit cannot be used for last month's rent.

I AUTHORIZE LANDLORD TO DO THE FOLLOWING: (1) CONTACT ANY INDIVIDUALS AND/OR BUSINESSES LISTED ABOVE AND VERIFY ALL OF THE INFORMATION PROVIDED IN THIS APPLICATIONBEFORE, DURING, AND/OR AFTER MY TENANCY, AND (2) OBTAIN A COPY OF MY CONSUMER CREDIT REPORT.

The above information, to the best of my knowledge, is true and correct. I understand that if I misrepresented any information on this application that my application will be denied.

Signature of Applicant: _____ Date Signed: _____

Please Note: Landlord is using public records provided by third party service to determine your eligibility to rent. Neither Landlord, nor the third party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.

Revision 10/31/18