



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 / /	MARRIAGE STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since / /	<input type="checkbox"/> DIVORCED Since / /	DRIVER'S LICENSE	-	STATE
PHONE	CELL HOME PHONE	EXT.	HOME	WORK	EMAIL
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:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
PREVIOUS EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

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
<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
<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

