



Application to Rent

Community _____ Date _____

Agent _____ Rent \$ _____

Name: _____ ()
Last First M.I. (Jr., Sr.) Phone Number

Social Security # _____ Drivers License # _____
Yes / No
Are You Over 18

Prospective Residents	Relationship	Social Security #	Drivers License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCES

Present Address: _____ Apt # _____ City _____ State _____ Zip _____ ()
Phone Number _____ How Long _____

Community Name _____ Rent \$ Paid _____

Previous Address: _____ Apt # _____ City _____ State _____ Zip _____ ()
Phone Number _____ How Long _____

Community Name _____ Rent \$ Paid _____

Have you ever been delinquent in payment of rent? Yes or No If "Yes" please explain _____

Have you ever been evicted from any property? Yes or No If "Yes" please explain _____

Have you ever been convicted of a felony that involved an offense against property, persons, government officials, or that involved firearms, illegal drugs, or sex or sex crimes? Yes or No If "Yes" please explain _____

Why are you leaving present residence? _____

Have you given notice yet? ? Yes or No Do you have any pets? Yes or No If "Yes" Type _____

EMPLOYMENT

Present Employer: _____ Address _____ City _____ State _____ Zip _____ ()
Phone Number _____ Mo: Yr:
How Long _____

Supervisor's Name _____ Your Position _____ Gross Salary _____

Previous Employer: _____ Address _____ City _____ State _____ Zip _____ ()
Phone Number _____ Mo: Yr:
How Long _____

Supervisor's Name _____ Your Position _____ Gross Salary _____

Are you receiving child support? _____ How much? \$ _____

Are you receiving a pension? _____ How much? \$ _____ Company _____

Other additional income: \$ _____ Can you provide proof of these incomes? _____



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CREDIT REFERENCES

Checking Acct Bank	Address/Branch	Phone	Branch #	Account #
Credit References	Address	Type Account	Account #	
Credit References	Address	Type Account	Account #	

PERSONAL REFERENCES

Name	Address	Phone #	Relationship
Name	Address	Phone #	Relationship

IN CASE OF EMERGENCY

Name	Address	Phone #	Relationship
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AUTOMOBILES

License	Make	Model	Year
License	Make	Model	Year

Other Vehicles:

PLEASE NOTE:

Every item must be filled in and completed in entirety. Review your application before you turn it in to the manager.

The applicant represents that the above statements are true and correct and hereby authorizes verification of information concerning said applicant. It is understood the fee of \$_____ is not a deposit and will not be refunded if applicant is declined or approved.

Applicant _____ Date _____

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