

## RENTAL APPLICATION

FOR OFFICE USE ONLY					
Phone: _____	Fax: _____	Property Location: _____	Date: _____		
Address: _____	Type: _____	Deposit: _____	Rate: _____		

Applicant's Name (Please Print)	Social Security Number	Date of Birth	Age
Co-App (Co-App MUST complete separate application).	Other Occupants (include ages of minor children)		
Other Occupants (include ages of minor children)	Other Occupants (include ages of minor children)		

Have you or any occupant listed on the rental application ever been convicted of a felony? (circle one) **YES** **NO**  
 List individual's name, state and date of conviction: \_\_\_\_\_

CURRENT ADDRESS				
Current Address	City	State	Zip	Telephone
Owner's Name	Phone	Address	How Long?	

EMPLOYMENT HISTORY		
Current Employer	Position	Supervisor
Phone Number	Monthly Gross Income	How Long?

AUTOMOBILE	
Vehicle #1 (Make/Model/Year)	License #
Vehicle #2 (Make/Model/Year)	License#

PET INFORMATION		
Pet Name	Breed	Weight

EMERGENCY CONTACT INFORMATION			
Emergency Contact	Address	Phone Number	Relationship

**APPLICANT HEREBY REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

It is my understanding that this application is preliminary only and involves no obligation of the owners or its agents to approve it or to deliver occupancy of the proposed premises. The applicant appearing below hereby authorizes the holder of this application to investigate the current and past history of applicant's occupancy, employment and whatever credit bureaus, criminal reports or other sources available, that the owner or agent deems necessary in determining the approval of the application. I also understand that Credit Bureau or Agent will be obtaining all reports and verifications on the owner's behalf. I also understand that the application fee is non refundable; and that the partial/full deposit submitted is: non refundable 48 hours after submission, or will be applied to security deposit upon approval, or will be returned in full if denied. The owner and its agents do not discriminate based on race, color, religion, sex, familial status or national origin. By signing below, the applicant understands that any false information given to The owner or agent on this application will result in an automatic rejection of the application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE ONLY	EMPLOYMENT (ANNUAL SALARY)	CURRENT ADDRESS	DEPOSIT PAID	CREDIT SCORE	MANAGER APPROVAL
BY (Initial)					
DATE					



## REQUEST FOR VERIFICATION OF EMPLOYMENT

**Fill out top portion and return**

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize my current/past employer to release the requested information. I understand this is to help determine my residency.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Current/Future Employer \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

To Whom It May Concern:

The person listed above has recently applied for residency, in order for us to complete the application process we need your help to verify the information listed below. Should you have any questions, please feel free to contact our office (xxx)xxx-xxxx. Thank you for your anticipated cooperation and prompt attention to this matter.

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Per: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Commission \_\_\_\_\_

Comments \_\_\_\_\_

Employer: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_



## REQUEST FOR VERIFICATION OF RESIDENCY

**Fill out top portion and return x.**

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize my current/past landlord to release the requested information. I understand this is to help determine my residency.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Previous Landlord \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

To Whom It May Concern:

The person listed above has recently applied for residency. We would appreciate your cooperation in providing us with the information listed below. Should you have any questions, please fee free to contact our office (xxx) xxx-xxxx. Thank you for your anticipated cooperation and prompt attention to this matter.

Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Is rent in arrears? \_\_\_\_\_ How much? \_\_\_\_\_

Did you receive any noise/other complaints? \_\_\_\_\_

Would you re-rent/renew to this person? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Landlord Name: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_



EQUAL HOUSING  
OPPORTUNITY

**Fill out information below return prior to your move-in date.**

### **ELECTRIC UTILITY VERIFICATION**

1. Please call and transfer the electric service into your name prior to moving in.
2. Then fill out the following information and return.

Resident Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone #: (       ) \_\_\_\_\_

Utility Account # \_\_\_\_\_

Date Turned Over \_\_\_\_\_

### **RENTAL INSURANCE VERIFICATION**

Please fill out the following information and return **prior to moving in:**

Agency Name: \_\_\_\_\_

Phone #: (       ) \_\_\_\_\_

Policy # \_\_\_\_\_

Declaration Sheet Attached:  Yes  No

Effective Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Agent: \_\_\_\_\_

