

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate application.

Spouses may submit a joint application

Date filled out: _____

ABOUT YOU: Full name (exactly as on driver's license or govt. ID card)
Your street address (as shown on your driver's license or govt. ID card)
Driver's license # and state: OR govt. photo ID card #:
Former last names (maiden and married):
Social Security Number:
Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye color: _____ Hair Color: _____
Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> separated
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any occupant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you or any occupant have an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kind, weight, breed, age:
Current home address (where you now live):
City/State/Zip:
Home/cell phone: _____ Current Rent: \$ _____
Email address:
Name of apartments where you now live:
Current owner or manager's name:
Their phone: _____ Date moved in: _____
Why are you leaving your current residence?
Your previous home address:
City/State/Zip:
Apartment Name:
Name of above owner or manager:
Their phone: _____ Previous monthly rent: \$ _____
Date you moved in: _____
Date you moved out: _____
YOUR WORK: Present Employer:
Address:
City/State/Zip:
Work phone: _____
Position: _____
Your gross monthly income is over: \$ _____
Date you began this job: _____
Supervisor's name and phone: _____
Previous employer:
Address:
City/State/Zip:
Work phone: _____
Position: _____
Gross monthly income was over: \$ _____
Date you began and ended this job: _____
Previous supervisor's name and phone: _____
YOUR CREDIT HISTORY: Your bank's name, city, state:
List major credit cards:
Other non-work income you want considered. Please explain:
Past credit problems you want to explain. (Use separate page.)

YOUR RENTAL/CRIMINAL HISTORY: (Check only if applicable.)
Have you, your spouse or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> moved out of a dwelling before the end of the lease term without the owner's consent? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been charged, detained or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? <input type="checkbox"/> been charged, detained or arrested for a felony or sex related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above

YOUR SPOUSE: Full Name:
Former last names (maiden and married):
Spouse's Social Security #:
Driver's license # and state: OR Govt. photo ID card #:
Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye color: _____ Hair Color: _____
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present employer:
Address:
City/State/Zip:
Work phone: _____
Position: _____
Date began job: _____
Supervisor's name and phone: _____

OTHER OCCUPANTS: Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on a separate page if more than three.

Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____

YOUR VEHICLES: List all vehicles to be parked by you, your spouse or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if more than three.

Make and color of vehicle:	Year: _____	License #: _____	State: _____
Make and color of vehicle:	Year: _____	License #: _____	State: _____
Make and color of vehicle:	Year: _____	License #: _____	State: _____

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WHY YOU RENTED HERE:
Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom:
Name of locator or rental agency:
Name of individual locator or agent:
Name of friend or other person:
Did you find us on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, fill in information below:
<input type="checkbox"/> On the Internet <input type="checkbox"/> Stopped by
Newspaper (Name): _____
Rental publication: _____
Other: _____

EMERGENCY: Emergency contact person over 18, who will not be living with you:
Name: _____
Address: _____
City/State/Zip: _____
Work phone: _____ Home phone: _____
Relationship: _____
If you die or are seriously ill, missing or in a jail or penitentiary according to an affidavit of [check one ore more] <input type="checkbox"/> the above person, <input type="checkbox"/> your spouse or <input type="checkbox"/> your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We are not legally obligated to do so.

AUTHORIZATION: I or we authorize (owner's name):
to: (1) share the above information with owner's electric provider and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease and income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Applicant's signature: _____

Spouse's signature: _____