

RENTAL APPLICATION



Application is not complete until page 4 is signed. Unless this application is initialed on each page it will not be processed. (If more than two persons are applying, use additional applications.)

REQUIRED TO SUBMIT:
(Cash, MO, CC)
Application (Non-Refundable) Fee \$ 45.00
Deposit to Hold \$ 500.00
Amt. Received \$

PROPERTY ADDRESS

CITY, STATE, ZIP

MOVE-IN DATE

(NON-REFUNDABLE) APPLICATION FEE \$ 45.00 RENT \$ SECURITY DEPOSIT

\$ PET DEPOSIT \$ (NON-REFUNDABLE) PROCESSING FEE \$ N/A

KEY DEPOSIT \$ N/A CLEANING FEE \$ N/A OTHER \$ N/A

EVIDENCE BY: CASH CHECK CASHIER'S CHECK MONEY ORDER

XX

APPLICANT:

HOME PHONE # OTHER PHONE

EMAIL SSN#

DL# STATE BIRTH DATE

CURRENT ADDRESS:

CITY, STATE, ZIP

LANDLORD NAME / MORTGAGE HOLDER: PAYMENT:

PHONE # HOW LONG? (PLEASE CHECK ONE) OWNED OR RENT

REASON FOR LEAVING

PRIOR STREET ADDRESS:

CITY, STATE, ZIP

LANDLORD NAME / MORTGAGE HOLDER:

PHONE # HOW LONG? (PLEASE CHECK ONE) OWNED OR RENT

REASON FOR LEAVING

CURRENT EMPLOYER:

HOW LONG? EMPLOYED AS

ADDRESS:

CITY, STATE, ZIP

PHONE # FAX#

SALARY: \$ \_\_\_\_\_ PER/MO SUPERVISOR: \_\_\_\_\_

OTHER INCOME: SOURCE \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

PRIOR EMPLOYER (IF LESS THAN 3 YEARS): \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW LONG? \_\_\_\_\_ EMPLOYED AS \_\_\_\_\_

SALARY: \$ \_\_\_\_\_ PER/MO SUPERVISOR: \_\_\_\_\_

CREDIT REFERENCES: BANK \_\_\_\_\_ ACCT.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

XX

**CO-APPLICANT:** \_\_\_\_\_

SSN # \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

LANDLORD NAME / MORTGAGE HOLDER: \_\_\_\_\_ PAYMENT: \_\_\_\_\_

PHONE # \_\_\_\_\_ HOW LONG? \_\_\_\_\_ (PLEASE CHECK ONE)  OWNED OR  RENT

PRIOR STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

LANDLORD NAME / MORTGAGE HOLDER: \_\_\_\_\_

PHONE # \_\_\_\_\_ HOW LONG? \_\_\_\_\_ (PLEASE CHECK ONE)  OWNED OR  RENT

REASON FOR LEAVING \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

HOW LONG? \_\_\_\_\_ EMPLOYED AS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

SALARY: \$ \_\_\_\_\_ PER/MO SUPERVISOR: \_\_\_\_\_

OTHER INCOME: SOURCE \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

PRIOR EMPLOYER (IF LESS THAN 3 YEARS): \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW LONG? \_\_\_\_\_ EMPLOYED AS \_\_\_\_\_

SALARY: \$ \_\_\_\_\_ PER/MO SUPERVISOR: \_\_\_\_\_



