

RENTAL APPLICATION

Building: _____

Apt. No.: _____

Name - Applicant # 1 Last First Middle			Soc. Sec. No.		Any Pets? _____ Describe			
			Drivers License No.	State	Date of Birth			
Work Ph. #	No. of Persons to Occupy Apartment	Approximate Income Range						
Home Ph. #		<input type="checkbox"/> Under \$20,000 <input type="checkbox"/> \$26,000-\$30,000 <input type="checkbox"/> \$36,000-\$40,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$31,000-\$35,000 <input type="checkbox"/> \$41,000 and above						
Give present and last two places of residence Address City/Zip			Name of Owner or Manager		Phone	How long?		
1)								
2)								
3)								
Give present and last place of employment								
Employer	City	Position	How long?	Name of Supervisor	Phone			
1)								
2)								
In case of emergency, notify								
Name	Address	City	Phone	Relationship				
Bank								
Address			City	<input type="checkbox"/> Checking Account \$ _____ <input type="checkbox"/> Savings Account \$ _____				
Automobile(s)	Make	Year	Color	License No.	Make	Year	Color	License No.
1)				2)				
Auto Insurance Co.		Do you carry Renters Insurance?		Renters Insurance Co.		NOTE: WE DO NOT INSURE YOUR PROPERTY.		
Name - Applicant # 2 Last First Middle			Soc. Sec. No.		Any Pets? _____ Describe			
			Drivers License No.	State	Date of Birth			
Work Ph. #	Relationship to Applicant #1	Approximate Income Range						
Home Ph. #		<input type="checkbox"/> Under \$20,000 <input type="checkbox"/> \$26,000-\$30,000 <input type="checkbox"/> \$36,000-\$40,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$31,000-\$35,000 <input type="checkbox"/> \$41,000 and above						
Give present and last two places of residence Address City/Zip			Name of Owner or Manager		Phone	How long?		
1)								
2)								
3)								
Give present and last place of employment								
Employer	City	Position	How long?	Name of Supervisor	Phone			
1)								
2)								
In case of emergency, notify								
Name	Address	City	Phone	Relationship				
Bank								
Address			City	<input type="checkbox"/> Checking Account \$ _____ <input type="checkbox"/> Savings Account \$ _____				
Automobile(s)	Make	Year	Color	License No.	Make	Year	Color	License No.
1)				2)				
Auto Insurance Co.		Do you carry Renters Insurance?		Renters Insurance Co.		NOTE: WE DO NOT INSURE YOUR PROPERTY.		
APPLICANT(S) REPRESENT(S) THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND, BY SIGNING BELOW, AUTHORIZES THE VERIFICATION OF THE INFORMATION... IN ORDER TO EVALUATE YOUR APPLICATION, IT WILL BE NECESSARY TO OBTAIN A CREDIT REPORT. BY YOUR SIGNATURE(S) BELOW, YOU ARE AUTHORIZING US TO OBTAIN SUCH A CREDIT REPORT AT A COST OF \$ _____ TO YOU.								
Applicant # 1 Signature Date				Applicant # 2 Signature Date				
SUBMISSION OF THIS APPLICATION DOES NOT MEAN OUR ACCEPTANCE OF POSSIBLE TENANCY OR IMPLY ANY OBLIGATION ON OUR PART.								