

**RENTAL APPLICATION**

In order to hold the rental, a deposit of \$100.00 is required. The payment is non-refundable in the event that you should decide not to proceed with rental.

Please **print or type** clearly and complete all requested information. Thank You.

Desired Address / Unit: \_\_\_\_\_  
Date of Application: \_\_\_\_\_ Desired Move In Date: \_\_\_\_\_

**PERSONAL INFORMATION: Must list all residing tenants 18 & Older. Use back if you need more room.**

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B.: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ NIGHT PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

LOCAL Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

MARITAL STATUS:  Single  Married  Divorced  Separated

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B.: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CHILDREN  Y  N AGES \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOES ANYONE SMOKE?  Y  N PETS?  Y  N How Many? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

MAKE / MODEL / YEAR / COLOR OF VEHICLES \_\_\_\_\_

**Criminal Background other than traffic violations. Please explain.** \_\_\_\_\_

**RESIDENCE HISTORY:**

PRESENT STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CURRENT RENT: \_\_\_\_\_ DATE MOVED IN: \_\_\_\_\_

LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU PAY UTILITIES?  Y  N Which ones? \_\_\_\_\_

PREVIOUS STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATES OF RESIDENCE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Has an eviction / forcible detainer ever been filed against you?  Y WHEN? \_\_\_\_\_ OR  N**

**EMPLOYMENT: Please list for all employees in household.**

EMPLOYED BY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

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

START DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ F/T or P/T Hours per week \_\_\_\_\_

INCOME: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

OTHER SOURCES OF INCOME SUCH AS CHILD SUPPORT, SSI, RETIREMENT, GOVERNMENT ASSISTANCE, ETC. TYPE: \_\_\_\_\_ HOW MUCH/MONTH? \_\_\_\_\_

