

Rental Application
Please PRINT dark and clearly in black ink.
One person per application.

I hereby make application to ren	t				_ to be ı	used as a	dwelling unit.	
Your Information					· · · · · · · · · · · · · · · · · · ·			
⇒Full legal name:		Middle	Last	Phone r	number:			
Social security number:								
Driver's license #:				⇒State issued:				
Current Address				Previous Address				
⇒Address:		_ \$Apt #:		⇒Address:			O Apt #:	
⊅City:⊃Stat	e:	೨ Zip:		⊅ City:	_State:		D Zip:	
Landlord's Name:	 		_	Landlord's Name:				
Landlord's Phone: ()				Landlord's Phone: ()	-		
Reason For Moving:				Reason For Moving:	-			
Monthly Rent: \$				Monthly Rent: \$		_		
When did you move in?		out?	_	When did you move in?		··· <u> </u>	out?	
Do you rent this residence? Is your name on the lease? Have you given written notice to leave?	□ Yes □ Yes □ Yes	□ No □ No □ No		Did you rent this residence? Was your name on the lease? Did you give written notice to I	anva?	☐ Yes ☐ Yes	□ No □ No	
Your Current Employment	<u> </u>	<u> </u>		Did you give written notice to i	caves	□ Yes	□ No	
○Name of employer:				Your position:				
⊃Address:				Your start date:				
⊃City:⊃Stat				Employer's phone number:				
Your supervisor:				Monthly Salary:			☐ Gross ☐ Net	
Your Personal History								
Have you ever? been asked to move out or evicted? declared bankruptcy? been sued for damage to a rental unit?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	been sue	rental agreement or lease? Id for nonpayment of rent? Invicted of a felony?	□ Yes □ Yes □ Yes	□ No □ No □ No		
Your Vehicle								
Make:		Model:			Color:_			
License Plate Number:		CALL	1	71	State:			
Other Residents: List the legal names and ages of ALL other people who will occupy this unit.								
Names & Ages								
In Case of Emergency:							······································	
Emergency Contact:				Phone:				
			w.	City:			State:	
Please Read Carefully	mation in thi	s annication is commi	ete and acc	urate. Lunderstand that in the aver-	nt a leasa :-	antorod in	to it may be concelled	
I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I authorize the Landlord or Landlord's agents to verify the above information. Verification or re-verification of any information contained in the application will be retained by Landlord. Any person or entity identified on this application or holder of public record is hereby instructed to release information regarding this application, my credit, tenant, check writing histories and/or my criminal record to the landlord or any agent of the landlord. Agencies used to acquire this information may include, but are not limited to, Experian (TRW) Credit Services, Equifax/Capital CSC Credit Services, TeleCheck, and/or any law enforcement agency. Upon request, the landlord will provide the name & phone number of any outside agency used in the verification process. Applicant agrees and understands that by signing this application it authorizes the Landlord to remove this property from the rental market, will upon acceptance sign a lease agreement for the stated terms, and that applicant is legally obligated to rent the premises. If applicant should cancel this application after 2 days from the date of this application, the ENTIRE amount of the deposit will be retained as damages for breach of the agreement to enter into a lease.								
Rent Amount:	Security I	Deposit:		Lease Term:	Mo	ve-in date	:	
Applicant:				Date:				