

# RENTAL APPLICATION

## Applicant

Name \_\_\_\_\_ Social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_ Drivers license no. \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Employment Information

Current employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years \_\_\_\_\_

Gross pay \_\_\_\_\_ per \_\_\_\_\_ "Take home" pay \_\_\_\_\_ per \_\_\_\_\_

Prev. employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years \_\_\_\_\_

Gross pay \_\_\_\_\_ per \_\_\_\_\_ "Take home" pay \_\_\_\_\_ per \_\_\_\_\_

## Financial Information

List the following amounts that you are responsible for paying. Do NOT list any amounts from other applicants.

Food and clothing \_\_\_\_\_ per \_\_\_\_\_

Medical expenses \_\_\_\_\_ per \_\_\_\_\_

Telephone and cable \_\_\_\_\_ per \_\_\_\_\_

Vehicle payments \_\_\_\_\_ per \_\_\_\_\_

Loan and credit card payments \_\_\_\_\_ per \_\_\_\_\_

Alimony payment \_\_\_\_\_ per \_\_\_\_\_

**General information**

Reason for leaving current residence \_\_\_\_\_

How long do you estimate that you will occupy the residence (months) \_\_\_\_\_

How many of the occupants will smoke? Inside \_\_\_\_\_ Outside \_\_\_\_\_

List all other individuals that will occupy the residence:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

List all of the vehicles that would be parked at the residence:

Type \_\_\_\_\_ Year \_\_\_\_\_  
Type \_\_\_\_\_ Year \_\_\_\_\_

List all of the pets that would occupy the residence:

Type \_\_\_\_\_ Weight \_\_\_\_\_  
Type \_\_\_\_\_ Weight \_\_\_\_\_

List your references:

Name \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Name \_\_\_\_\_ Telephone no. \_\_\_\_\_

Have you ever been or currently: Delinquent on rent? Yes or No Evicted? Yes or No  
Sued for rent? Yes or No Sued for damages? Yes or No  
In default on a lease? Yes or No Convicted of a felony? Yes or No  
Using or selling drugs? Yes or No

**Applicants will not be discriminated against on the basis of race, color, religion, national origin, sex, or age.**

**A nonrefundable application fee is required from the applicant in order to defray the cost of the employment and credit verification.**

**I, the applicant, state and guarantee that all of the above statements are true and complete. I acknowledge that false information invalidates this application. False information invalidates any agreements based on this application at the discretion of the other party.**

**I authorize the release of any and all information required for evaluating my suitability and character as a tenant. I also authorize the release of any and all information required to enforce the payment of any past due amounts including rent, license fees, deposits, or judgments, or promissory notes that arise from agreements based on this application. The information may include, but not be limited to, bank accounts, employment history, credit reports, mortgage balances, motor vehicle records, litigation, law enforcement records, and criminal records. I authorize the release of this information at any time necessary to evaluate, ensure performance, or collect amounts due with respect to an agreement or judgment.**

**I release all persons and organizations providing, accepting, or using this information from any and all claims, liability, and responsibility as long as the information is used for the purposes of tenant evaluation and subsequent agreements.**

**I do not authorize the release of any medical information. I do not relinquish my rights under the Federal Fair Credit Reporting Act (FCRA) and any relevant state laws.**

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_