RENTAL APPLICATION

Applying for Address at				
For Move in on	Today's Date			
PERSONAL DATA				
	Social Security	Jumber		
Phone Number ()	Social Security Number Age Date of Birth Age			
Current Address				
Street	City	State	Zip	
Please check one regarding the above addr	ess:		·	
I rent I own It is my	parent's address	It is a friend's add	ress	
Other (Explain):				
■ If Student:				
Parent's Name				
Parent's Address				
Street	City	State	Zip	
Parent's Phone ()	or <u>(</u>)			
RENTAL INFORMATION				
 Current Lease Information (Where you ar 	e living now)			
Address				
Landlord's Name		onthly Rent		
Landlord's Address				
Street	•	State	•	
Landlord's Phone ()	or <u>(</u>)		
Previous Rental Information (Where you w	•			
	<u> </u>	om	Го	
Landlord's Name		onthly Rent		
Landlord's Address		<u> </u>	7 .	
Street Landlord's Phone <u>(</u>)		State	Zip	
■ Previous Rental Information (Where you w	•	· ·	_	
Address				
	Monthly Rent			
Landlord's Address Street		State	7in	
Landlord's Phone ()	City		•	
Landioi as Frione ()	01 <u>(</u>	1		
ROOMMATE INFORMATION				
Please fill out for all roommates or family me	embers who will be living a	t the address you a	re applying for :	
Name				
		•		
■ Have you ever broken a lease or been evic	ted? No Yes	s (Explain):		
Have you ever rented from us before?	No Yes (If yes	, list below):		
Address	From	To		
■ Do you have any pets? No Y	es (If yes, please check i	f address allows on	e).	

OVER PLEASE

■ Please list your gross income du	-				
•		ld support or any income not reported to the Government)			
Employment Spouse's Employment		Gross per month before taxes Gross per month before taxes Per month (Must provide documentation)			
Financial Aid					
Other*	\$		астр. ст. ас асса.		
Total	\$				
*Explain "Other":					
■ If student, do your parents pro	ovide financial suppor	¹ †? Yes	No		
	For Office Use of Monthly Rent	Only:	_		
	Total Income		<u> </u>		
	Qualifying Status		_		
EMPLOYMENT RECORD					
■ Employment during term of leas					
Company/Business Name Company/Business Address			()		
Stree		City	State	Zip	
Your Occupation/Title		How L	ong Employed?		
■ If Married:					
Spouse's Name		Social S	Security Number		
Current Address					
Stree		City	State	•	
Phone Number ()	Date o	f Birth	Age		
Spouse's Employment:		01	,		
Company/Business Name			()		
Company/Business Address Stree			State		
Spouse's Occupation/Title		•		•	
			g cp.o/oa		
BANKING INFORMATION					
■ Bank Name	E	Bank Address			
Account Number					
		•		·	
EMERGENCY CONTACT					
■ Please list a person to contact i	n case of an emergei	ncy:			
Name)		
Address					
Street	(City	State	Zip	
Relationship to You					
AUTO INFORMATION					
■ Please list all autos you will kee	p at the property:				
Make/Model	• • •	State	License Plat	te Number	
"I certify that the facts containe	• •	•		my knowledge	
I authorize any necessary credit o	checks for the appro	val of this application	on."		
	X		X		

Applicant's Signature

Date

SOURCES OF INCOME