A non-refundable application fee will be charged upon completion of this application.	RENTAL APPLICATI	ON	Received By:			
Initial Application Fee \$Additional Adult \$ In order to hold a property for someone while			Time:			
processing the application, the deposit must be paid at time of applying.		App fee Pd: _	Deposit Pd:			
Address I am applying for		Agent:]	Desiree Allen			
1. Legal Name						
First	Middle	Last				
Soc Sec #D0	OBDr Lic #	<u> </u>	State			
Spouse						
First	Middle	Last				
Soc Sec #	DOB	Dr Lic #				
2. Current Address	Applica	nt Phone # ()				
CityStateZi	p E-Mail .	E-Mail Address				
How LongCurrent Res	•					
Current Landlord/Mortgage Lender						
Landlord Phone # ()	Reason	for Moving				
3. PREVIOUS ADDRESS Rental Address/Zip Code Dates Occu	pied Landlord	Landlord Phone	Landlord Address			
4. 1 ST PERSON INCOME Current Employer						
PhoneJob Title_		Date Employed				
Name of Supervisor	Gross Income	/year <u>\$</u>	/month			
5. SPOUSE INCOME						
Current Employer	Employer Addres	ss/Zip				

Other Income: Source______Amount \$____/month

6. LEGAL NAMES OF ALL PEOPLE THAT WILL OCCUPY UNIT INCLUDING YOURSELF AND MINORS Name Relationship Age Name Relationship Age How did you hear about us?_____ 7. PERSONAL HISTORY Have you ever been charged with or convicted of a felony? Yes No If yes, what year? Are you a registered sex offender? _____Yes _____No _____Yes _____No If yes, what kind _____Weight_____ Do you have a pet? If dog, what breed _____ Yes No If yes, what year? Have you been asked to move out or been evicted? If you answered yes to any of these questions, please explain: **8.IN CASE OF EMERGENCY NOTIFY:** Name_____Address____City__State__Zip____ Phone (h) _____ (v) ____ (c) ____ Relationship ____ Make/Model_____ 9. VEHICLE(S) Make/Model_____ Year____ Year____ Color____ Color Lic Plate # Lic Plate # SIGNATURE: SIGNATURE: DATED _____ UTILITIES: G W E T POSSESSION DATE_____ RENT\$ DEPOSIT\$

APP FEE \$ LEASE TERM

RESIDENCY VERIFICATION FORM

This letter gives you permission to disclose the following information to the Landlord. This form is necessary for the completion of

To Whom It May Concern:

my application. I would appreciate ye	our cooper	ation in retur	rning this information as	soon as possi	ble.		
Thank you.							
Applicant's Signature			Date				
Spouse's Signature			Date				
		OFF	TICE USE ONLY				
Applicant's NameApplicant's Address (Street, City, Sta							
Lease Start Date Lease End Date			<u> </u>	Proper N	Notice given?	Yes	No
Amount of rent paid by applicant?			<u> </u>	Is tenant l	being evicted? _	Yes	No
Rent paid on time?	Yes	_ No	If late, how many time	es in the last of	6 months?		
Any outstanding balance owed?	Yes	_ No	Amount				
NSF's?	Yes	_ No	If yes, how many?				
Pets?	Yes	_ No					
Were/Are there any lease violations of If yes, please explain.	•			Yes	No		
ii yes, pieuse explain.							
Given the opportunity, would you rent to this tenant again?				Yes	No		
If no, please explain.							
Are you related to the applicant?				Yes	No		
Name of Verifier or position held							