



Please Print and
Complete All Information

RENTAL APPLICATION

APPLICANT				CO-APPLICANT			
LAST NAME		FIRST	INITIAL	LAST NAME		FIRST	INITIAL
CURRENT STREET ADDRESS				CURRENT STREET ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER ()		DRIVER LICENSE/I.D. CARD		HOME TELEPHONE NUMBER ()		DRIVER LICENSE/I.D. CARD	
DATE OF BIRTH				DATE OF BIRTH			
DO YOU HAVE ANY PETS? KEEPING OF PETS REQUIRES DEPOSIT AND OWNER'S CONSENT				DO YOU HAVE ANY PETS? KEEPING OF PETS REQUIRES DEPOSIT AND OWNER'S CONSENT			
NO YES IF YES, WHAT TYPE AND WEIGHT				NO YES IF YES, WHAT TYPE AND WEIGHT			
NAME OF CURRENT LANDLORD/MORTGAGE COMPANY				NAME OF CURRENT LANDLORD/MORTGAGE COMPANY			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DAY TELEPHONE NUMBER ()		NIGHT TELEPHONE NUMBER ()		DAY TELEPHONE NUMBER ()		NIGHT TELEPHONE NUMBER ()	
		\$				\$	
LIST ALL PREVIOUS ADDRESSES AND LANDLORDS FOR THE PAST 5 YEARS ON BACK OF APPLICATION				LIST ALL PREVIOUS ADDRESSES AND LANDLORDS FOR THE PAST 5 YEARS ON BACK OF APPLICATION			
CURRENT EMPLOYER	NAME			CURRENT EMPLOYER	NAME		
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
WORK NUMBER ()		SUPERVISOR'S NAME		WORK NUMBER ()		SUPERVISOR'S NAME	
POSITION/TITLE		GROSS MONTHLY SALARY \$		POSITION/TITLE		GROSS MONTHLY SALARY \$	
		HOW LONG THERE				HOW LONG THERE	
PREVIOUS EMPLOYER	NAME			PREVIOUS EMPLOYER	NAME		
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
WORK NUMBER ()		SUPERVISOR'S NAME		WORK NUMBER ()		SUPERVISOR'S NAME	
POSITION/TITLE		GROSS MONTHLY SALARY \$		POSITION/TITLE		GROSS MONTHLY SALARY \$	
		HOW LONG THERE				HOW LONG THERE	
ADDITIONAL INCOME	INCOME SOURCE(S)		GROSS AMOUNT PER /	ADDITIONAL INCOME	INCOME SOURCE(S)		GROSS AMOUNT PER /
			GROSS AMOUNT PER /				GROSS AMOUNT PER /
BANK ACCOUNTS	SAVINGS BANK NAME		ACCOUNT NUMBER	BANK ACCOUNTS	SAVINGS BANK NAME		ACCOUNT NUMBER
	CHECKING BANK NAME		ACCOUNT NUMBER		CHECKING BANK NAME		ACCOUNT NUMBER
CLOSEST RELATIVE NOT LIVING WITH YOU				CLOSEST RELATIVE NOT LIVING WITH OUT			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
TELEPHONE NUMBER ()		RELATIONSHIP		TELEPHONE NUMBER ()		RELATIONSHIP	
APARTMENT TO BE OCCUPIED BY _____ (NUMBER OF PERSONS)				HOW DID YOU HEAR ABOUT THE BUILDING?			
LIST NAMES OF OTHER OCCUPANTS. DO NOT LIST YOURSELF OR CO-APPLICANT							
NAME				BIRTH DATE		RELATIONSHIP	
Your signature authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act. 15 U.S.C. Section 1881 a(d), seeking information on credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application and return the deposit(s) at any time prior to the execution of a lease agreement. If applicant(s) withdraws application or fails to fill out a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.							
APPLICANT(S) HERE BY REPRESENTS THAT THE STATEMENTS ON BOTH SIDES OF THIS APPLICATION ARE TRUE AND COMPLETE, AND AUTHORIZES INQUIRES OF ANY STATEMENT MADE HEREIN.							
APPLICANT SIGNATURE		DATE		CO-APPLICANT SIGNATURE		DATE	
				ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, HANDICAP, OR NATIONAL ORIGIN IN COMPLIANCE WITH THE FAIR HOUSING ACT.			
RECEIVED BY:		DATE RECEIVED		TIME			

