



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH	/	/	MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED Since _____
				<input type="checkbox"/> DIVORCED	Since _____
PHONE	-	-	<input type="checkbox"/> CELL	<input type="checkbox"/> HOME	PHONE
					EXT.
			<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	EMAIL
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE		
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD		LANDLORD PHONE		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT:
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT:
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME
						<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME
						<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME
						<input type="checkbox"/> YES <input type="checkbox"/> NO

