

RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: _____ DATE OF APPLICATION: _____

APPLICANT'S LAST NAME: _____ UNIT SIZE: _____ MANAGER INITIALS _____

Bedrooms: Efficiency 1Br. 2 Br. 3 Br. 4Br.

HOUSEHOLD COMPOSITION:

	LIST ALL PEOPLE TO OCCUPY APT.			SS#	AGE	RELATIONSHIP	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)
	LAST NAME	FIRST	MI				
Head							
2							
3							
4							
5							

PRESENT ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____

AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____

AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

PLEASE LIST ANY CURRENT RESIDENT TO WHOM YOU ARE RELATED: _____

GENERAL INFORMATION

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES _____ NO _____ IF SO, EXPLAIN: _____

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ANNUAL INCOME INFORMATION:

HOUSEHOLD	SALARY-WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	TOTAL
Head						
2						
3						
4						
5						
Total						

ALL SOURCES OF ASSETS AND INCOME FOR YOUR HOUSEHOLD MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH MEMBER OF YOUR HOUSEHOLD.

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	YES	NO	YES	NO	YES	NO
Checking Accounts						
Savings Accounts						
Trust Funds						
Real Estate (land, home, property)						
Capital Investment						
Stocks/ Bonds						
Treasury Bills						
Certificate of Deposits						
Money Market Funds						
IRA Accounts						
Retirement/Pension						
Lump Sum Settlements						
Salary/Wages						
Overtime						
Commission/Tips/Bonuses						
Business/Self Employment						
Social Security						
Annuities						
Insurance Policies						
Retirement Funds						
Pensions						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary Gifts						
Armed Forces Special Pay/Allowances						

ASSET INFORMATION: LIST ALL ASSET INFORMATION IN EACH SECTION BELOW FOR EACH OCCUPANT

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BANK ACCOUNTS:			
HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Have you disposed of any other assets in the last 2 years? Yes ___ No ___ Market value when sold \$ _____
 If yes, please describe asset(s): _____

Do you have any other assets not listed above (excluding personal property)? Yes ___ No ___
 If yes, describe _____

VEHICLE INFORMATION: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

THIS APPLICATION MUST BE SIGN BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES MANANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN AND ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPKICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THEIR APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____