

SHADED SECTIONS TO BE COMPLETED BY OWNER/AGENT

Owner/Agent Name: _____ Date/time completed application received: _____

Phone: _____ Fax: _____ Email: _____

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Phone#: _____ Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Social Security/ITIN#: _____ Date of Birth: _____ Government Issued ID#: _____

OWNER/AGENT: Visual Proof Of: Driver's License State ID SS Card Other _____

OCCUPANCY INFORMATION

List all persons in addition to yourself that will also be residents, including a Date Of Birth (DOB) for each. All persons 18 or older must complete separate rental applications and pay a screening fee.

Resident: _____ DOB: _____ Resident: _____ DOB: _____

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Are you, or any other resident, a smoker? Yes No

Do you have renter's insurance? Yes No

Do you have a waterbed or aquarium over 20 gallons? Yes No

Will animals reside in the unit? Yes No If yes, how many? _____ Weight(s) _____
Type(s) _____ Breed(s) _____

PERSONAL BACKGROUND HISTORY

In the past 7 years, have you or any occupant been convicted of, or do you have any charges pending for a criminal offense? Yes No

If yes, explain: _____

Are you or any occupant required to register as a sex offender? Yes No

FINANCIAL HISTORY

Current monthly expenses/financial obligations: Car: \$ _____ Loan: \$ _____ Credit Cards: \$ _____

Other (describe): _____ \$ _____

Have you ever filed for bankruptcy? Yes No

PREVIOUS RESIDENCE HISTORY

Current Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone#: _____ Dates of Occupancy: _____ Rent \$: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone#: _____ Dates of Occupancy: _____ Rent \$ _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone#: _____ Dates of Occupancy: _____ Rent \$ _____