

# Application to Rent

Each Individual Occupant Who is Responsible for Rent Payments MUST Complete a Separate Application Form  
**EMAIL ADDRESS:**

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER LICENSE NO.		STATE		CELL PHONE NUMBER	
1. PRESENT HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO.	
2. PREVIOUS HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO.	
3. PREVIOUS HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO.	

DESCRIBE EACH AND EVERY PERSON WHO WILL OCCUPY THE PREMISES			NAME			NAME			NAME		
WILL YOU HAVE ANY ANIMALS? YES ___ NO ___		IF YES PLEASE DESCRIBE				WILL YOU HAVE AN EMOTIONAL SUPPORT ANIMAL? YES ___ NO ___		IF YES PLEASE ENCLOSE VERIFICATION WITH YOUR APPLICATION.			

PRESENT OCCUPATION				EMPLOYER NAME			
HOW LONG WITH THIS EMPLOYER		PHONE NUMBER ( )		EMPLOYER ADDRESS		EMPLOYER ADDRESS	

NAME OF SUPERVISOR				EMPLOYER NAME			
PRIOR OCCUPATION		PHONE NUMBER ( )		EMPLOYER ADDRESS		EMPLOYER ADDRESS	

CURRENT GROSS INCOME PER		<input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		NAME OF YOUR BANK		BRANCH OR ADDRESS		<input type="checkbox"/> CHECKING ACCT. #	
\$		<input type="checkbox"/> MONTH						<input type="checkbox"/> SAVINGS	

**PLEASE LIST ALL YOUR FINANCIAL OBLIGATIONS** (IF MORE CREDITOR USE ADDITIONAL SHEET OF PAPER)

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MONTHLY PAYMENT AMT.
		( )	
		( )	
		( )	

IN CASE OF EMERGENCY, NOTIFY:		PHONE: ( )		CITY:		RELATIONSHIP:	
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LIST ALL AUTOMOBILES AND OTHER VEHICLES:							
1. MAKE	MODEL	YEAR	LICENSE #	2. MAKE	MODEL	YEAR	LICENSE# OTHER

HAVE YOU EVER FILED FOR BANKRUPTCY?	IF YES, DATE BK FILED	HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE?
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Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. False or concealed information are grounds for denial or eviction.

**The undersigned makes application to rent housing accommodations designated as:**

address of: \_\_\_\_\_ Apt.No. \_\_\_\_\_ City/State: \_\_\_\_\_

the rental for which is \$ \_\_\_\_\_ per 1 Month 1 Week 1 Other \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy

\_\_\_\_\_ Date \_\_\_\_\_ Signature