

# RENTAL APPLICATION

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 THE \$20 APPLICATION FEE IS NON-REFUNDABLE. IF APPLICATION IS APPROVED IT WILL APPLY TOWARDS THE FIRST MONTH'S RENT  
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Date:	Unit:	Monthly \$:
<b>PERSONAL INFORMATION</b>		
Applicant:	Spouse:	
Phone:	Phone:	
SSN:	SSN:	
Driver's Lic #:	Driver's Lic #:	
Employer:	Employer:	
Position:	Position:	
Date of Hire:	Date of Hire:	
Gross Monthly Income:	Gross Monthly Income:	
Employer Phone:	Employer Phone:	
Current Address:	How Long?	
City/ ST	Zip:	
Previous Address:	How Long?	
City/ ST	Zip:	
<b>LEASE INFORMATION</b>		
Requested Move in Date:	Lease Term (min 1 year):	
<i>Please list names and ages of all additional occupants.</i>		
Names:	Ages:	
<i>Please list all pets.</i>		
Type: (i.e. cat)	Breed:	Weight:
<b>BANK INFORMATION</b>		
Bank Name:	Telephone:	
Address:	City, ST	
Checking #:	Savings #:	

Previous Landlord:	Phone:
Current Landlord:	Phone:
Other:	Phone:

AUTOS			
Make:	Model:	Year:	Color:
1.			
2.			
3.			
4.			
5.			

**OTHER**

HAVE YOU EVER

Filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been served an eviction notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asked to vacate a property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Intentionally or willfully refused to pay rent when due?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to any of the above please provide detail:

**DISCLOSURE AND AUTHORIZATION FOR CREDIT CHECK**

**RADON GAS** – Notice to Prospective Tenant: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in this state. Additional information regarding radon and radon testing may be obtained from the county public health unit.

**AUTHORIZATION** – I/ We declare the foregoing information is true and correct, and I/We hereby authorize you to conduct an employment and credit check and to verify our references.

Applicant Signature:	Date:
Spouse's Signature:	Date:

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Verification:	Outcome:	Date/Time:
Current Landlord		
Previous Landlord		
Applicant Employment		
Spouse Employment		
Bank		
Credit Check		