

# Rental Application

ADDRESS \_\_\_\_\_ APARTMENT NO. \_\_\_\_\_ DATE: \_\_\_\_\_

## Apartment Occupants

Name (Head of Household)	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Marital Status	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 4. <input type="checkbox"/> Widowed	3. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Single	S.S. No.
Name A				1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name B				1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name C				1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other

Present Address				How long at present address?			
Street	City	State	Phone	Landlord			

Previous Address				How long at previous address?			
Street	City	State	Phone	Landlord			

<b>IN CASE OF EMERGENCY – NOTIFY:</b>				How long at previous address?			
Name	Address	City/State	Phone	Relationship			

- PRIMARY OCCUPATION OF HEAD OF HOUSEHOLD (check one)**
- |   |  |   |
|---|--|---|
| 1 <input type="checkbox"/> Professional<br>(Charges fees, i.e., Doctor, Lawyer, etc.) | 3 <input type="checkbox"/> White Collar                                      | 7 <input type="checkbox"/> Un-skilled laborer |
| 2 <input type="checkbox"/> Semi-Professional<br>(Salaried technicians, etc.)          | 4 <input type="checkbox"/> Sales representative                              | 8 <input type="checkbox"/> Retired            |
|   | 5 <input type="checkbox"/> Skilled laborer (plumber, electrician, etc.)      | 9 <input type="checkbox"/> Not employed       |
|   | 6 <input type="checkbox"/> Semi-skilled laborer (job requires some training) | A <input type="checkbox"/> Student            |

- TOTAL ANNUAL INCOME OF HEAD OF HOUSEHOLD:**
- |   |   |   |   |
|---|---|---|---|
| 1. <input type="checkbox"/> 5,999 – 7,488 | 3. <input type="checkbox"/> 10,000 – 12,499 | 5. <input type="checkbox"/> 15,000 – 17,499 | 7. <input type="checkbox"/> 20,000 – 30,000 |
| 2. <input type="checkbox"/> 7,500 – 9,999 | 4. <input type="checkbox"/> 12,500 – 14,999 | 6. <input type="checkbox"/> 17,500 – 19,999 |   |

**EMPLOYMENT**

Name of Company	Address	How Long?	Bus. Phone
Supervisors Name	Phone Number	Position	Pay Rate/Grade
Former Employer	Address	How Long?	Bus. Phone
Spouse Work Yes No	Occupation	Address	How Long? Bus. Phone

- TOTAL ANNUAL INCOME OF HOUSEHOLD:**
- |   |   |   |   |
|---|---|---|---|
| 1. <input type="checkbox"/> 5999 - 7488 | 3. <input type="checkbox"/> 10,000 – 12,499 | 5. <input type="checkbox"/> 15,000 – 17,499 | 7. <input type="checkbox"/> 20,000 – 30,000 |
| 2. <input type="checkbox"/> 7500 – 9999 | 4. <input type="checkbox"/> 12,500 – 14,999 | 6. <input type="checkbox"/> 17,500 – 19,999 |   |

**REFERENCES**

BANK(S)	A	Name	Address	City	Type of Account(s) 1 <input type="checkbox"/> Checking 2 <input type="checkbox"/> Savings 3 <input type="checkbox"/> Loan
	B	Name	Address	City	Type of Account(s) 1 <input type="checkbox"/> Checking 2 <input type="checkbox"/> Savings 3 <input type="checkbox"/> Loan
CREDIT	A	Name	Address	City	Type of Business
	B	Name	Address	City	Type of Business
PERSONAL	A	Name	Address	City	Relationship
	B	Name	Address	City	Relationship

**CHECK ONE IN EACH OF THE FOLLOWING AREAS**

- |   |   |  |
|---|---|--|
| Former Residence<br>1 <input type="checkbox"/> Out of State<br>2 <input type="checkbox"/> Out of town (in state)<br>3 <input type="checkbox"/> Local                | 1 <input type="checkbox"/> Apt community<br>2 <input type="checkbox"/> duplex - rent<br>3 <input type="checkbox"/> Home -rent<br>4 <input type="checkbox"/> Condominium | 5 <input type="checkbox"/> Home - owned<br>6 <input type="checkbox"/> Mobile home<br>7 <input type="checkbox"/> Other _____<br>8 <input type="checkbox"/> Establishing new household |
| If Former Residence Was an Apartment. Why did you move?   |   |  |
| 1 <input type="checkbox"/> Job Transfer<br>2 <input type="checkbox"/> Better Location<br>3 <input type="checkbox"/> Price<br>4 <input type="checkbox"/> Maintenance | 5 <input type="checkbox"/> Parking<br>6 <input type="checkbox"/> Management<br>7 <input type="checkbox"/> Noise<br>8 <input type="checkbox"/> Other _____               |  |

**Vehicles**

**AUTOS**

- 0  None
- 1  One Year \_\_\_\_\_ Make \_\_\_\_\_ License \_\_\_\_\_
- 2  Two Year \_\_\_\_\_ Make \_\_\_\_\_ License \_\_\_\_\_
- 3  More than two

**OTHER:**

- 1  Boat
- 2  Camper
- 3  Motorcycle
- 4  Bicycle
- 5  Other \_\_\_\_\_

Dr. Lic. No \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

**CREDIT:** A credit report on applicant may be obtained by Agent on behalf of Owner prior to execution of a lease. Applicant consents to obtaining of such credit report

**INSURANCE:** Owner and Agent carry no insurance on the personal property of tenants.  
**It is recommended that you obtain same.**

**ENTIRE AGREEMENT:** The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties. This agreement is predicated upon all of the information which has been furnished by applicant being accurate; and if the facts provided are not accurate, this lease agreement may be voided at the option of the Owner. Execution of this agreement by other parties to this agreement constitutes acceptance thereof.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date