

## PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH	/	/	MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED Since _____
				<input type="checkbox"/> DIVORCED Since _____	DRIVERS LICENSE #
PHONE	-	-	<input type="checkbox"/> CELL	<input type="checkbox"/> HOME	PHONE
					EXT.
			<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	EMAIL
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT			Is your present rent up to date?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT			Was your rent up to date?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT			Was your rent up to date?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	AGE

## EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT:
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT:
ADDRESS	CITY/STATE/ZIP	

## INCOME

CURRENT INCOME	\$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT INCOME	\$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT INCOME	\$ _____	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BIWEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-

Please attach proof of your current credit score from the following two sources. They are free to obtain and you can submit a screenshot or print-out of your score along with this completed application.

Trans-Union ([www.creditkarma.com](http://www.creditkarma.com)) Experian ([www.creditsesame.com](http://www.creditsesame.com))

## EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

## APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? Has <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever plead guilty/no contest or been convicted of a criminal offense? YES NO

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.

All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X \_\_\_\_\_  
APPLICANT SIGNATURE DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

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