

RENTAL APPLICATION

- -Each adult over 18 years old living in the unit must complete an application
- -Incomplete applications will not be considered
- -Your application will be denied if you misrepresent information
- -Please print legibly
- -Proof of identification is required

Address	Unit No.	
Monthly Rental Amount		
Utilities Included (only items circled are included in rent): Water Sewer Trash Heating Gas Cooking Gas	Electric Management Signature	
PLEASE TELL US ABOUT YOURSELF		
FULL NAME_	PHONE ()_	
EMAIL ADDRESS		
DATE OF BIRTH SOCIAL	SECURITY #	
DL OR STATE ID #	STATE EXP	
CO-APPLICANT_	RELATIONSHIP	
OTHER OCCUPANTS: NAME	DATE OF BIRTH	
NAME_	DATE OF BIRTH	
NAME_	DATE OF BIRTH	
NAME	DATE OF BIRTH	
*only the tenants names listed above are all PLEASE GIVE US YOUR RESIDENCE HISTOI		
TEEASE GIVE US TOUR RESIDENCE HISTOR	KI / THE MOST CORRENT TIRST	
CURRENT ADDRESS:	Date Moved In:	
City / State / Zip :	Monthly Rent :	
Owner or Agent:	Phone: ()	
Reason for Leaving: *We must be able to speak to your previous landlord or application	Lease Expiration:	
PREVIOUS ADDRESS:	Date Moved In:	
City / State / Zip :	Date Moved Out:	
Owner or Agent:	Phone: ()	
Monthly Rent:		
PREVIOUS ADDRESS:	Date Moved In:	
City / State / Zip :	Date Moved Out:	
Owner or Agent:	Phone: ()	
Monthly Rent:		

YOUR STATUS: ☐ Employed Full Time ☐ Employed Part Time ☐ Student □ Retired □ Not-Employed CURRENT EMPLOYER Phone: (Position: Address: Salary: City/State/Zip: to Supervisor Date(s) Employed From Phone: (PREVIOUS EMPLOYER Position: Address: City/State/Zip: _____ Salary: _____ hr / wk / mo Date(s) Employed From______ to _____ Supervisor _____ OTHER SOURCES OF INCOME ______ Monthly Income _____ Monthly Income OTHER SOURCES OF INCOME OTHER SOURCES OF INCOME Monthly Income *All income must be verifiable PLEASE LIST YOUR VEHICLES Model: Color: Year: 1. Make: License Plate # State: Expiration: Model: Color: Year: 2. Make: License Plate # State: Expiration: ____ **PERSONAL REFERENCES** (Friends or Relatives not currently living with you) Name: _____ Years Known: Address: City / State / Zip: Home Phone: (Work Phone: (Years Known: Relationship: Address: ___ City / State / Zip: Work Phone: (Home Phone: (EMERCENCY CONTACT Relationship: Years Known: Name: City / State / Zip: ____ Address: Work Phone: (Home Phone: (

PLEASE GIVE US YOUR EMPLOYMENT AND INCOME INFORMATION

PLEASE ANSWER THE FOLLO	-	
HAVE YOU OR YOUR CO-APPLICANT EVER:	Convicted of manufacturing/distributing controlled substance? No Been evicted or asked to move out?	☐ Yes ☐ Yes
	*if an eviction has been filed in the past 10 years, the application will be denied	□ 1 c 3
	Broken a Rental Agreement or Lease?	□ Yes
	Declared Bankruptcy?	☐ Yes ☐ Yes
		□ 1cs
(USE REVERSE IF NECESSARY)	OVE QUESTIONS PLEASE GIVE AN EXPLINATION BELOW:	
Do you smoke?		
List all states you have lived in within the last 10 years.	ears:	
ADDITIONAL INFORMATION	1	
How did you hear about our property?		
Do you have any pets? If yes, he	ow many? What kind?	
If you have a cat(s), is it declawed?		
Where can we reach you by phone should we have		
Day () Night (
Please give any additional information that might h	elp management evaluate your application:	
AGREEMENT		
I hereby agree to provide one (1) form of personal	dentification that includes a photo. A copy of this will be kept in with my application	on.
I hereby agree to pay a \$25.00_ (non-refundable application, I agree to execute the lease to begin on	e) processing fee via Cashier's Check or Money Order only. Upon acceptance of this the date agreed upon and to pay any deposits due within 3 days of notice of approvements.	<u>is</u> <u>al</u> .
I acknowledge being furnished copies of the Rental to taking occupancy of the unit.	Agreement, Rules & Regulations, and if applicable, any Nonstandard Rental Provi	sions, prio
I understand my security deposit cannot be used for	last month's rent.	
	OWING: (1) CONTACT ANY INDIVIDUALS AND/OR BUSINESSES LISTED A COVIDED IN THIS APPLICATIONBEFORE, DURING, AND/OR AFTER MY T CCREDIT REPORT.	
The above information, to the best of my knowledge that my application will be denied.	e, is true and correct. I understand that if I misrepresented any information on this a	pplication
Signature of Applicant:	Date Signed:	

Please Note: Landlord is using public records provided by third party service to determine your eligibility to rent. Neither Landlord, nor the third party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.