

Rental Application- FAX TO 866-610-8451 \$35 fee

Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Driver's License Number:		State:	
Vehicle Make:	Model/Yr:		License Plate#:
Proposed # of Occupants:	Pets:		

Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	(Please circle)
		Annual income:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:		Phone:
	ZIP Code:		
Relationship:			

Residence History

Current Address:			
Current Landlord:	Rent Amount:	Landlord Phone:	
Previous Address:			
Previous Landlord:	Rent Amount:	Landlord Phone:	
Move In:	Move out:		Ok to contact?
Previous address:			
Previous Landlord:	Rent Amount:	Landlord Phone:	
Move In:	Move Out:		Ok to contact?

Credit Information

Total Estimated Debt Amount:			
Total Estimated Monthly Payment Amount:			
Add'l Monthly Income:		Source:	
Have you ever Filed for Bankruptcy	? if yes, Date:		Been Evicted? Yes No

References

Name:	Address:	Phone:

Applicant hereby certifies that the information contained in this application is true and correct and authorize the landlord or any agent of the landlord acting on his/her behalf to make any inquiries deemed necessary to evaluate the application including, credit and public record information. I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, I hereby authorize, release and hold harmless any person, firm or entity to verify information associated with this application. I also understand that incomplete, inaccurate or falsified information shall be grounds for denial of application or subsequent termination of tenancy upon determination of such falsified information.

Signature of applicant:		Date:
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Email: _____