

Applicant must provide two forms of identification when turning application in.

Eagles Nest Village

RENTAL APPLICATION

Date: ____/____/____

Full Name: _____

Date of Birth: ____/____/____

Telephone: (____)-____-____

Work Phone Number: ____/____/____

Social Security Number: ____-____-____

Estimated Length of Stay: _____

Driver's License/State Issued ID#: _____

State Issued: _____

Current Address: _____

City: _____

State: _____

Zip-code: _____

Landlord's Name: _____

Phone Number: (____)-____-____

Reason for Leaving Present Address: _____

Number of Individuals Living in this Unit: _____

Adult: _____ *** Anyone over the age of 18 **MUST** fill out a separate Application ***

Children: _____

Pets: _____

Weight (Pet): _____

Current Employer and/or Source of Income: _____

Position: _____

Current Annual Salary: _____

Direct Supervisor: _____

Phone Number: (____)-____-____

SPOUSE

Full Name: _____

Date of Birth: ____/____/____

Telephone Number: (____)-____-____

Work Phone Number: (____)-____-____

Social Security Number: ____-____-____

Drivers' License/State ID: _____

State Issued: _____

Current Employer and/or Source of Income: _____

Position: _____

Current Annual Salary: _____

Direct Supervisor: _____

Phone Number: (____)-____-____

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BUSINESS REFERENCES

Name: _____

Phone Number: (____)-____-____

Type of Business: _____

Years Known: _____

VEHICLE INFORMATION

Number of Vehicles that Belong to You: _____

Make: _____

Model: _____

Year: _____

Color: _____

License Plate: _____

State Issued: _____

Make: _____

Model: _____

Year: _____

Color: _____

License Plate: _____

State Issued: _____

ADDITIONAL INFORMATION

Have you and/or your spouse ever filed for bankruptcy?

Yes

No

If YES, date filed: ____/____/____

Reason for Filing: _____

Have you and/or your spouse ever committed a crime?

Yes

No

If YES, date occurred (Please include arrest dates, regardless of conviction): ____/____/____

Reason for Charge: _____

Do you and/or your spouse have a medical condition that may require special accommodations (handicap accessible, wheelchair accessible, home health care, or periodic wellness checks, etc.) Yes No

As the Applicant of this Rental Application, I do hereby authorize verification of any and all information that is contained in the above Application. This includes the release of information by any bank, other financial institution, employer either present or former landlord, and/or any other lender. All information that is released and/or contained in this Application will be kept confidential. All information found above in this Application is true and complete. Any material misrepresentation that is on this Application shall constitute default under the Rental Agreement between the parties.

____/____/____

Signature of Applicant

Date

____/____/____

Signature of Spouse (if applicable)

Date