

RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: _____ DATE OF APPLICATION: _____

APPLICANT'S LAST NAME: _____ UNIT SIZE: _____ MANAGER INITIALS _____

Bedrooms: Efficiency 1Br. 2 Br. 3 Br. 4Br.

HOUSEHOLD COMPOSITION:

	LIST ALL PEOPLE TO OCCUPY UNIT			SS#	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)
	LAST NAME	FIRST	MI				
Head							
2							
3							
4							
5							

PRESENT ADDRESS: _____	PHONE: _____
LANDLORD'S NAME: _____	PHONE: _____
HOW LONG AT PRESENT ADDRESS? _____	OWN OR RENT? _____
AMOUNT OF MONTHLY RENT/MORTGAGE: _____	UTILITIES: _____
REASON FOR MOVING: _____	
PREVIOUS ADDRESS: _____	PHONE: _____
LANDLORD'S NAME: _____	PHONE: _____
HOW LONG AT PREVIOUS ADDRESS? _____	OWN OR RENT? _____
AMOUNT OF MONTHLY RENT/MORTGAGE: _____	UTILITIES: _____
REASON FOR MOVING: _____	

GENERAL INFORMATION

HAVE YOU EVER BEEN EVICTED? YES ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ No ___

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES ___ NO ___ IF SO, EXPLAIN: _____

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ALL SOURCES OF INCOME MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.

INCOME	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	YES	NO	YES	NO	YES	NO
Salary/Wages						
Overtime						
Commission/Tips/Bonuses						
Business/Self Employment						
Social Security						
Pension						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary and Non-Monetary Gifts						
Armed Forces Special Pay/Allowances						
Other:						

PLEASE LIST ALL AMOUNTS OF INCOME CHECKED YES ABOVE. Show MONTHLY income:

HOUSEHOLD	SALARY/WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	OTHER	TOTAL
Head	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$

ALL SOURCES OF ASSETS MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	YES	NO	YES	NO	YES	NO
Checking Account						
Savings Account						
Trust Fund						
Real Estate (land, home, property)						
Stocks/ Bonds						
Treasury Bill						
Certificate of Deposit						
Money Market Fund						
Retirement Account						
Annuity						
Whole Life Insurance Policy						
Other:						

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PLEASE PROVIDE INFORMATION FOR ALL ASSETS CHECKED YES ABOVE.

BANK ACCOUNTS:			
HOUSEHOLD MEMBER'S NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBER'S NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Have you disposed of any other assets in the last 2 years? Yes No Market value when sold \$ _____
 If yes, please describe asset(s): _____

Do you have any other assets not listed above (excluding personal property)? Yes No
 If yes, describe _____

VEHICLE INFORMATION: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____

