

RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: _____ DATE OF APPLICATION: _____

APPLICANT'S LAST NAME: _____ MANAGER INITIALS: _____

UNIT SIZE: EFFICIENCY 1BR 2BR 3BR 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							
6							
7							

PRESENT ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN/ RENT? _____

AMOUNT OF MONTHLY RENT/ MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PREVIOUS ADDRESS? _____ OWN/ 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 Member of Your Household Benefit from a Handicapped Accessible Unit?

Yes No If yes, please Explain: _____

RENTAL APPLICATION

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						
RECURING MONETARY AND NON-MONETARY GIFTS						
ARMED FORCES SPECIAL PAY/ ALLOWANCES						
OTHER:						

PLEASE LIST ALL MONTHLY AMOUNTS OF INCOME CHECKED YES ABOVE

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

RENTAL APPLICATION

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 MARKERT FUND						
RETIREMENT ACCOUNT						
ANNUITY						
WHOLE LIFE INSURANCE POLICY						
OTHER						

PLEASE PROVIDE INFORMATION FOR ALL ASSETS CHECKED YES ABOVE.

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

RENTAL APPLICATION

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 property)? Yes No

If yes, please 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 MEMEBERS 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 ORGRANZATIONS 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 TENACY AFTER OCCUPANCY.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

