Property Name: _____ Fax Number: _____

RENTAL APPLICATION

Applicant: _____ SS#: _____ Date of Birth: _____

Co-Applicant: _____ SS#: _____ Date of Birth: _____

List all other persons to occupy apartment that are 18 years of age or older:

Name: _____ SS#: _____ Date of Birth:_____

Name: _____ SS#: _____ Date of Birth:_____

Employment – Applicant
Employer _____
Address _____
Phone _____Length of Time_____
Position _____Supervisor _____
Approx. Income $ _____wk.☐mo.☐ yr☐
Email Address: _____

Employment – Co- Applicant
Employer _____
Address _____
Phone _____Length of Time_____
Position _____Supervisor _____
Approx. Income $ _____wk.☐mo.☐ yr☐
Email Address: _____

Former Employer and Contact Information

Other Income: _____ Source: _____

Present Street Address: _____

City / State / Zip:_____

Length of Time: _____ ☐ Owns ☐ Rents Do you have a lease? _____ Expires When? _____

Name of Landlord or Mortgage Holder: _____ **Phone No:** _____

Previous Address:

City / State / Zip: _____

Length of Time: _____ ☐ Owns ☐ Rents Do you have a lease? _____ Expires When? _____

Name of Landlord or Mortgage Holder: _____ **Phone No:** _____

Have you ever been evicted or foreclosed from any premises? ☐ Yes ☐ No
If yes, explain: _____

Nearest Relative (Other than Husband or Wife) – **WHO TO REACH IN AN EMERGENCY:** _____

Name: _____ Relationship: _____ Phone: _____
Address: _____ City/State/Zip: _____

FALSE INFORMATION GIVEN ON AN APPLICATION IS IN ITSELF GROUNDS FOR REJECTION OF THE APPLICATION OR TERMINATION OF TENANCY.

Authorization for Release of Information

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective property manager or property owner to furnish any or all of the above mentioned information. I release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to prospective property manager or property owner. the above mentioned information as requested, in order to successfully complete a background investigation of my rental application. I will allow a photocopy of this authorization to be as valid as the original.

. _____ _____

Date: _____ Applicant's Signature: _____

Home Phone: _____ Co-Applicant's Signature: _____

Work Phone: _____ Equal Housing Opportunity

Other Occupant's Signature: _____

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