

Property Address:		Non-Refundable Application Fee:
Rent Amount:		
Lease Begin Date:	Lease End Date:	
Additional Provisions:		

Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
E-Mail Address:		
Auto Make / Model _____ Year _____ License Plate State / No. _____		
Dependant(s)Name(s):		
Pet(s):		
Own <input type="checkbox"/> Rent <input type="checkbox"/> (Check One)	Monthly payment or rent:	How long?
Current Landlord:		Phone:
Previous address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Check One)	Monthly payment or rent:	How long?
Previous Landlord:		Phone:
Address:		

Credit History

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> (Check One)	Annual income:

Emergency Contact

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

Co-Applicant Information, if Married

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

E-Mail Address:			
Auto Make / Model _____ Year _____ License Plate State / No. _____			
Dependant(s)Name(s):			
Pet(s):			
Own <input type="checkbox"/> Rent <input type="checkbox"/> (Check One)	Monthly payment or rent:		How long?
Current Landlord:			Phone:
Previous address:			
City:	State:	ZIP Code:	
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Check One)	Monthly payment or rent:		How long?
Previous Landlord:			Phone:
Address:			
Credit History			
Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____			
Have you ever been evicted from a rental residence? Yes _____ No _____			
Have you had two or more late rental payments in the past year? Yes _____ No _____			
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____			
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	Zip Code:	
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> (Check One)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
The information contained in this Application is true to the best of my information and belief. I authorize the Landlord to whom I have submitted this Application to verify all information I have provided and to obtain my credit history for all matters referring or relating to any lease agreement with the Landlord. This authorization shall continue during and after the ending of any resulting lease term until I have paid all amounts due to the Landlord or its agent.			
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date:
Non-refundable Application Fee \$ _____, plus advance security deposit of \$ _____, which will be refunded if Applicant is not accepted. If accepted, the security deposit will not be returned to Applicant.			
Applicant Initials: _____		Co-Applicant Initials: _____	
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date: