

PLEASE PRINT

**APPLICANT INFORMATION**

Name		Are you 18 or older	Social Security Number		Property Name		
Tel – Daytime		Tel – Evening		E-mail		Anticipated # of Occupants	
Present Address Street				APPLICANT: Have you ever been convicted of a felony or a sex offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City		State		Zip Code			
How Long	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Present Monthly Rent		Lease	Yes <input type="checkbox"/> No <input type="checkbox"/>	CO-APPLICANT: Have you ever been convicted of a felony or a sex offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lease Expires		Present Landlord Name				<b>For Office Use Only</b>	
Present Landlord Address				Phone			
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, reason why)						ASSIGNED UNIT #	
Previous Address Street						RENTAL RATE	
City		State		Zip Code		How Long	
LEASE DATES _____ TO _____							



**EMPLOYMENT**

Occupation

Employer Name

Address Phone

How Long Annual Income

**PREVIOUS EMPLOYMENT**

Occupation

Employer Name

Address Phone

How Long Annual Income

**CO-APPLICANT INFORMATION**

Name		Are you 18 or older?	Social Security Number	
Tel – Daytime		Tel – Evening		E-mail
Present Address Street				
City		State		Zip Code
How Long	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Present Monthly Rent		Lease Yes <input type="checkbox"/> No <input type="checkbox"/>
Lease Expires		Present Landlord Name		
Present Landlord Address				Phone
Previous Address Street				
City		State		Zip Code How Long

**EMPLOYMENT**

Occupation

Employer Name

Address Phone

How Long Annual Income

**LIST ALL OCCUPANTS (OTHER THAN APPLICANT & CO-APPLICANT)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO PETS WILL BE ALLOWED

**VEHICLES**

1	Make	Year	Model	Color	License No.
2	Make	Year	Model	Color	License No.

**BANKS**

Name	Branch
Name	Branch

**REFERENCES**

Name	Address
Name	Address
Name	Address

**CHARGE ACCOUNTS**

Name	Address
Name	Address
Name	Address

**Please note that government housing subsidies such as Section 8 Rental Assistance Program (HUD) are accepted towards payment of full monthly rent of the unit.** Please answer the following:

Do you anticipate using any such subsidies for monthly rent payments?  
 YES  NO (check one)

If YES, please identify the subsidy to be used: \_\_\_\_\_

I hereby deposit a sum in the amount of \$\_\_\_\_\_ to be held by the Landlord. I promise to execute a lease for one year at a monthly rate of \$\_\_\_\_\_. In the event I choose not to enter into a lease, I shall waive all rights to and shall forfeit said deposit as payment for resultant liquidation damages. I understand the above information may be used in order for the Landlord to run a credit and/or background check. The Landlord shall, within 5 days after receipt of this application, notify me if this application is not approved and accepted, and return the deposit with the exception of \$10.00 which will be retained for the cost of the credit/ background report. The undersigned makes the foregoing representations knowing that if any of such proves false, owner at his option may cancel and annul any lease given in reliance upon such information. The undersigned hereby grant Landlord permission to obtain any additional information deemed appropriate pertaining to my personal and financial records.

_____ SIGNATURE	_____ DATE
_____ SIGNATURE	_____ DATE