A non-refundable application fee will be charged upon completion of this application.				
Initial Application Fee Additional Adult	\$ \$			
In order to hold a property for someone while processing the application, the deposit must be paid at time of applying.				

RENTAL APPLICATION



OFFICE USE ONLY

Received By: _____

Date: _____ Time: ____

App fee Pd: ____ Deposit Pd: ____

Address I am applying		-	Agent: Desiree Allen						
1. Legal Name									
	First		Middle		Last				
Soc Sec #	DOI	B	Dr Lic #			State			
Spouse									
	First		Middle		Last				
Soc Sec #		DOB		Dr Lic	#				
2. Current Address			Applicar	nt Phone # ()				
CityS	tateZip_		E-Mail A	Address					
How Long	How LongCurrent Rent			Has proper notice been given? YesNo					
Current Landlord/Mortga	ge Lender		Landlord	d Address		_			
Landlord Phone # ()			Reason for Moving						
3. PREVIOUS ADDRESS Rental Address/Zip Code	Dates Occupi	ied	Landlord	Landlo	rd Phone	Landlord Address			
4. 1 ST PERSON INCOME									
Name of Supervisor			Gross Income	/year	\$	/month			
5. SPOUSE INCOME									
Current Employer			Employer Addres	ss/Zip					
Phone #()	Job title			Date E	mployed				
Name of Supervisor			Gross Income	/year	\$	/month			
Other Income: Source			Amount \$	/month	1				

6. LEGAL NAMES OF ALL PEOPLE THAT WILL OCCUPY UNIT INCLUDING YOURSELF AND MINORS Name Relationship Age Name Relationship Age How did you hear about us?_____ 7. PERSONAL HISTORY Have you ever been charged with or convicted of a felony? Yes No If yes, what year? Are you a registered sex offender? _____Yes _____No _____Yes _____No If yes, what kind _____Weight_____ Do you have a pet? If dog, what breed _____ Yes No If yes, what year? Have you been asked to move out or been evicted? If you answered yes to any of these questions, please explain: **8.IN CASE OF EMERGENCY NOTIFY:** Name_____Address____City__State__Zip____ Phone (h) _____ (v) ____ (c) ____ Relationship ____ Make/Model_____ 9. VEHICLE(S) Make/Model_____ Year____ Year____ Color____ Color Lic Plate # Lic Plate # SIGNATURE: SIGNATURE: DATED _____ UTILITIES: G W E T POSSESSION DATE_____ RENT\$ DEPOSIT\$

APP FEE \$ LEASE TERM

RESIDENCY VERIFICATION FORM

This letter gives you permission to disclose the following information to the Landlord. This form is necessary for the completion of

To Whom It May Concern:

my application. I would appreciate ye	our cooper	ation in retur	ming this information as	soon as possi	ble.		
Thank you.							
Applicant's Signature Spouse's Signature			Date				
			Date				
		OFF	TICE USE ONLY				
Applicant's NameApplicant's Address (Street, City, Sta							
Lease Start Date Lease End D		ase End Date	eProper Notice §		Notice given?	Yes	No
Amount of rent paid by applicant?			<u> </u>	Is tenant l	being evicted? _	Yes	No
Rent paid on time?	Yes	_ No	If late, how many time	es in the last of	6 months?		
Any outstanding balance owed?	Yes	_ No	Amount				
NSF's?	Yes	_ No	If yes, how many?				
Pets?	Yes	_ No					
Were/Are there any lease violations of If yes, please explain.	•			Yes	No		
ii yes, pieuse explain.							
Given the opportunity, would you ren	t to this te	nant again?		Yes	No		
If no, please explain.							
Are you related to the applicant?				Yes	No		
Name of Verifier or position held							