

APPLICATION FOR RENTAL

Address of property that you are interested in renting _____ *

Applicant's Name _____ * _____ * _____ *SS# _____ *

FIRST MIDDLE LAST

Drivers Lic# _____ Phone _____ Cell _____

Date of Birth _____ *

Co-Applicant's Name _____ SS# _____

FIRST MIDDLE LAST

Drivers Lic# _____ Phone _____ Cell _____

Date of Birth _____

Current Address

Email address _____ *

Street _____ City _____ State _____ Zip _____

Resided on Premises from _____ to _____ Monthly Rent _____

Reason for Moving _____

Landlord Name _____ * Phone _____ *

Previous address _____

Income & Employment Information

APPLICANT'S EMPLOYER

CO-APPLICANT'S EMPLOYER

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Supervisor's Name _____ Supervisor's Name _____

Position _____ Position _____

Wages/weekly _____ Start date _____ Wages/weekly _____ Start date _____

Other Income _____ Other Income _____

Other Information

Personal Ref (non-related) _____ Ph# _____

Have you ever been evicted from a rental property? _____

Have you ever been convicted of a misdemeanor? _____ or a felony _____?

List names and ages of all persons 18 years or older, other than the applicant(s), who may reside in the rental property:

Children's Ages (under 18) Living with Applicant _____

Pets: type and description _____

Automobiles/vehicles with model, year, color & license plate # owned by applicant(s): _____

I hereby apply to lease the described premises. I warrant that all information provided above is true.

I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I am aware that a credit history, eviction search and criminal background check may be done in conjunction with my application.

Applicant's Signature _____ Date _____

TYPE IN E-SIGNATURE

Co-Applicant Signature _____ Date _____

TYPE IN E-SIGNATURE

**PLEASE FILL OUT FORM COMPLETELY. SIGN, SAVE, PRINT AND EMAIL TO:
ofcmgr20s@gmail.com**