RENTAL APPLICATION

REQUIRED TO SUBMIT:
(Cash, MO, CC)
Application (Non-Refundable)
Fee $ _____
Deposit to Hold $ _____
Amt. Received $ _____

Application is not complete until page 4 is signed. Unless this application is initialed on each page it will not be processed. (If more than two persons are applying, use additional applications.)

PROPERTY ADDRESS _____

CITY, STATE, ZIP _____

MOVE-IN DATE _____

(NON-REFUNDABLE) APPLICATION FEE $ _____ RENT $ _____ SECURITY DEPOSIT $ _____ PET DEPOSIT $ _____ (NON-REFUNDABLE) PROCESSING FEE $ _____

KEY DEPOSIT $ _____ CLEANING FEE $ _____ OTHER $ _____

EVIDENCE BY: CASH _____ CHECK _____ CASHIER'S CHECK _____ MONEY ORDER _____

XXXX

SALARY: $ _____ PER/MO SUPERVISOR: _____

OTHER INCOME: SOURCE _____ AMOUNT: $ _____

PRIOR EMPLOYER (IF LESS THAN 3 YEARS): _____ PHONE # _____

HOW LONG? _____ EMPLOYED AS _____

SALARY: $ _____ PER/MO SUPERVISOR: _____

CREDIT REFERENCES: BANK _____ ACCT.# _____

ADDRESS _____

**XXXX

CREDIT REFERENCES: BANK _____ ACCT.# _____

ADDRESS _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AUTOMOBILES:

MAKE _____ MODEL _____ LIC# _____ STATE ___ YR _____ COLOR _____

MAKE _____ MODEL _____ LIC# _____ STATE ___ YR _____ COLOR _____

MAKE _____ MODEL _____ LIC# _____ STATE ___ YR _____ COLOR _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

IN ADDITION TO APPLICANT(S), OTHER PERSONS TO BE AT PREMISES:

NAME RELATIONSHIP AGE OCCUPATION

_____

_____

_____

_____

PETS? (Y/N) _____ HOW MANY? Cats _____ Dogs _____ Other _____

Name	Cat or Dog?	Breed	Weight	Spayed or Neutered?

If Other, please explain: _____

_____

_____

HAS ANY APPLICANT EVER FILED BANKRUPTCY? _____ GIVE DETAILS _____

_____

HAS ANY APPLICANT EVER BEEN EVICTED? _____ EXPLAIN _____

_____

HAS ANY APPLICANT EVER WILLFULLY REFUSED TO PAY RENT WHEN DUE? _____ EXPLAIN _____

_____

HAS ANY APPLICANT OR OCCUPANT EVER BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY?

YES ☐ OR NO ☐ IF YES PLEASE EXPLAIN _____

_____

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HOW LONG DOES APPLICANT PLAN TO LIVE HERE? _____ DOES APPLICANT PLAN TO USE LIQUID FILLED FURNITURE? _____ TYPE _____

DOES ANYONE IN THE HOUSEHOLD SMOKE? Y/N _____

APPLICANT IN CASE OF EMERGENCY, PERSON TO NOTIFY: _____

RELATIONSHIP: _____ *PHONE #* _____

CO-APPLICANT IN CASE OF EMERGENCY, PERSON TO NOTIFY: _____

RELATIONSHIP: _____ *PHONE #* _____

**XXXX