

Rev. 9.7.17



OFFICE USE ONLY

Rec'd Date:___

Residential Rental Application (Each adult to complete separate application)

	\$35.00 application fe
Unit applying to:	
Ideal move in date: _	

A LANDLORD HAS THE RIGHT TO ASK FOR PROOF OF A TENANT'S ABILITY TO PAY RENT AND FOR RENTAL REFERENCES.

I. TENANT INFORMATION		
Name:	_Email:	
Current Address:	State:	Zip:
Phone:	Date of Birth:	
Present Employer:	Work Phone:	
Address:	Gross Monthly Salary:	Length of Employment:
Do you smoke?Pets:	Make of Car and License Plate #	
Full names of all individuals (including chil	dren) who will be occupying premises.	
In case of emergency notify:	Relationship:	Phone:
Have you ever been evicted, sued for nonpa	yment of rent, or breached a lease? YES or NO	
•	following information on the last place of residen	
Rental Address:	State:	Zip:
III. REFERENCE (The following referen	nce should not be related to you) Ex: Immediate w	ork supervisor
1.) Name:	Phone:	
Current Address:	State:	Zip:
IV. CO-SIGNER INFORMATION		
Name:	Phone::	
I CERTIFY THAT THE ABOVE INFOR	RMATION IS TRUE AND COMPLETE I AUT	HORIZE THE VERIFICATION OF THIS
	T REPORT AND/OR CHECKING OF THE ABO DATE:	OVE REFERENCES.