

HOME TELEPHONE NUMBER _____
 WORK TELEPHONE NUMBER _____

RENTAL APPLICATION

<input type="checkbox"/> APPROVED _____	UNIT APPLIED FOR _____
<input type="checkbox"/> REJECTED _____	MOVE-IN DATE _____
<input type="checkbox"/> NEEDS CO-SIGNER _____	RENTAL RATE \$ _____
<input type="checkbox"/> DID NOT MOVE IN _____	

PROPERTY _____

PREPARED BY _____

DATE _____

Please complete all section by PRINTING in INK. DO NOT leave any section BLANK. If it does NOT apply, write "N/A" in that section. AT LEAST (5) years rental history must be covered. Thank you.

Applicant/Last Name	First Name	MI	Driver's License No. State	Exp. Date
Have you ever been known by any other name(s)? If so, what?				Phone No.
Spouse/Last Name	First Name	MI	Driver's License No. State	Exp. Date

NOTE: ANY ADULT (18 yrs. & older) other than Applicant or spouse must complete a separate application.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	HOW LONG	MTHLY RENT \$
CURRENT LANDLORDS NAME	PHONE	ADDRESS	REASON FOR LEAVING	30 DAY NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIOR ADDRESS	CITY	STATE	ZIP	HOW LONG	MTHLY RENT \$
PRIOR LANDLORDS NAME	PHONE	ADDRESS	REASON FOR LEAVING	30 DAY NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIOR ADDRESS	CITY	STATE	ZIP	HOW LONG	MTHLY RENT \$
PRIOR LANDLORDS NAME	PHONE	ADDRESS	REASON FOR LEAVING	30 DAY NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO	

CREDIT REFERENCES-List open or CLOSED accounts

NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE
NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE

PERSONAL REFERENCES

NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE
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HOUSEHOLD COMPOSITION

List ALL persons, including yourself, who will reside in the apartment. Note: The number to the left indicates the Family Member Number and is the number requested in the remaining sections of this application.

FAMILY MEM NO.

FAMILY MEM NO.	FULL NAME	RELATIONSHIP	SEX	AGE	BIRTHDATE	OCCUPATION	SOCIAL SECURITY NO.
1		HEAD OF HOUSEHOLD	M F		/ /		
2			M F		/ /		
3			M F		/ /		
4			M F		/ /		
5			M F		/ /		

INCOME

FAMILY MEM. NO.

	CURRENT EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP
	POSITION	PHONE	HOW LONG	SALARY \$	OTHER INCOME	AMOUNT \$
	CURRENT EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP
	POSITION	PHONE	HOW LONG	SALARY \$	OTHER INCOME	AMOUNT \$
	FORMER EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP
	POSITION	PHONE	HOW LONG	SALARY \$	OTHER INCOME	AMOUNT \$

CHECKING ACCOUNTS

FAMILY

MEM. NO.

A C C O U N T N U M B E R

B A N K N A M E

B A N K A D D R E S S

SAVINGS ACCOUNTS

FAMILY

MEM. NO.

A C C O U N T N U M B E R

B A N K N A M E

B A N K A D D R E S S

AUTOMOBILE/VEHICLE

List ALL motor vehicles owned by/registered to a family member (include motorcycles)

FAMILY

MEM. NO

M A K E / M O D E L N O .

Y E A R

L I C E N S E N U M B E R

C O L O R

