

RENTAL APPLICATION

SECTION 1. APPLICANT INFORMATION

First Name:		Middle Name:		Last Name:			
Date of Birth:		SSN:		Phone:			
Driver's License Number:			Driver's License State:				
Current Physical Address:							
City:		State:	County:		ZIP:		
Own	Rent	(circle one)	Monthly Payment or Rent:		How long?	Yr	Mo
Landlord or Mortgagee name:				Landlord or Mortgagee phone:			
Reason for Leaving:							
Previous physical address:							
City:		State:	County:		ZIP:		
Owned	Rented	(circle one)	Monthly Payment or Rent:		How long?	Yr	Mo
Previous Landlord or Mortgagee name:				Landlord or Mortgagee phone:			
Reason for Leaving:							

SECTION 2. APPLICANT EMPLOYMENT INFORMATION (ATTACH COPY OF 2 CURRENT PAYSTUBS OR A NOTARIZED LETTER FROM EMPLOYER DETAILING INCOME. IF SELF-EMPLOYED, PROVIDE COPY OF YOUR CURRENT TAX RETURN. PROOF OF SSI, DISABILITY, CHILD SUPPORT, ETC ARE ALSO REQUIRED, IF APPLICABLE.)

Current employer:			Position:			
Employer address:				How long?	Yr	Mo
City:		State:	ZIP:			
Contact Person:			Contact Phone:			
Hourly	Salary	(circle one)	Monthly Gross Income:		Monthly Net Income:	
Previous Employer:			Position:			
Previous Employer Address:				How long?	Yr	Mo
City:		State:	ZIP:			
Contact Person:			Contact Phone:			
Hourly	Salary	(circle one)	Monthly Gross Income:		Monthly Net Income:	

SECTION 3. CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

First Name:		Middle Name:		Last Name:			
Date of Birth:		SSN:		Phone:			
Driver's License Number:			Driver's License State:				
Current Physical Address:							
City:		State:	County:		ZIP:		
Own	Rent	(circle one)	Monthly Payment or Rent:		How long?	Yr	Mo
Landlord or Mortgagee name:				Landlord or Mortgagee phone:			
Reason for Leaving:							
Previous Physical Address:							
City:		State:	County:		ZIP:		
Owned	Rented	(circle one)	Monthly Payment or Rent:		How long?	Yr	Mo
Previous Landlord or Mortgagee name:				Landlord or Mortgagee phone:			
Reason for Leaving:							

SECTION 4. CO-APPLICANT EMPLOYMENT INFORMATION (ATTACH COPY OF 2 CURRENT PAYSTUBS OR A NOTARIZED LETTER FROM EMPLOYER DETAILING INCOME. IF SELF-EMPLOYED, PROVIDE COPY OF YOUR CURRENT TAX RETURN. PROOF OF SSI, DISABILITY, CHILD SUPPORT ARE ALSO REQUIRED, IF APPLICABLE.)

Current Employer:			Position:			
Employer Address:				How long?	Yr	Mo
City:		State:	ZIP:			
Contact Person:			Contact Phone:			
Hourly	Salary	(circle one)	Monthly Gross Income:		Monthly Net Income:	
Previous Employer:			Previous Position:			
Previous Employer Address:				How long?	Yr	Mo

RENTAL APPLICATION

City:	State:	ZIP:
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Contact Person:	Contact Phone:
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Hourly Salary (circle one)	Monthly Gross Income:	Monthly Net Income:
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SECTION 5. NEXT OF KIN

Name of a Relative Not Living with You:

Address:	Phone:
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City:	State:	ZIP:
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Relationship to Applicant:

SECTION 6. ALL PERSONS TO OCCUPY RESIDENCE

Name	Date of Birth	Relationship to Applicant

SECTION 7. BANKING INFORMATION

Bank Name:	Contact Person:	Phone:
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SECTION 8. LOANS, DEBTS OR OTHER OBLIGATIONS

Company/Description of Obligation	Monthly Payment	Contact Person	Phone

SECTION 9. MOTOR VEHICLES, ETC.

How Many? Auto	Motorcycle	Boat	Jet Ski
Truck	Camper	Trailer	Other

SECTION 10. OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

SECTION 11. CREDIT INFORMATION

Have you ever declared bankruptcy? Yes No (circle one)

Have you ever had any judgments filed against you? Yes No (circle one)

Have you ever been served a dispossessory? Yes No (circle one)

SECTION 12. PETS ABSOLUTELY NO PETS ARE ALLOWED WITHOUT PRIOR CONSENT FROM LESSOR.

Do you have any pets? Yes/No (Please circle one) If yes, please explain how many, type, breed & weight:

Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year. To order your free annual credit report by telephone call toll-free 1-877-322-8228, on the web at www.annualcreditreport.com or by mailing your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at <http://www.ftc.gov/bcp/online/include/requestformfinal.pdf>) to: Annual Credit Report Request Service, PO Box 105281, Atlanta, GA 30348-5281.

I (we) the Applicant submit a non-refundable payment in the amount of \$25.00 for processing charge. If application is not approved, said sum will be retained by Lessor to cover the cost of processing this application. Lessor is hereby expressly authorized to verify the accuracy and correctness of the statement contained herein, to communicate with applicant's employers and creditors and to procure such other information which Lessor may require to evaluate this application. Applicant represents and warrants that the information provided is true and complete. Applicant allows us to verify the above information and if needed, check credit with Equifax Information Services, LLC or other sources. You are authorized to answer questions about your credit experience with me (us). By signing below, I (we) authorize company to make inquiries through credit bureaus, police background checks or employers, and other references that I (we) have supplied on the application.

Signature of Applicant	Date
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Signature of Co-Applicant, if for joint account	Date
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