



1 Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_  
Birth Date: \_\_\_\_\_

2 Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_  
(cell) \_\_\_\_\_ (other) \_\_\_\_\_  
License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

3 Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rent/Mtg. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Landlord/ Mtg. Company: \_\_\_\_\_  
Landlord phone number: \_\_\_\_\_

4 Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rent/Mtg. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Landlord/ Mtg. Company: \_\_\_\_\_  
Landlord phone number: \_\_\_\_\_

5 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly salary: \_\_\_\_\_  
Date began: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

6 Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

7 Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

8 Additional Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

9 Checking ( ) Bank: \_\_\_\_\_ Savings ( ) Bank: \_\_\_\_\_

10 Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Your Rental/ Criminal History: Have you or your spouse ever: ( ) Been evicted or asked to move out?  
( ) Declared bankruptcy ( ) Been sued for damage to rental property or  
for non-payment of rent? ( ) Been convicted of a felony?  
( ) Received deferred adjudication for a felony? **NO CHECKS INDICATE "NO"**

Please indicate the year, location, and type of each felony \_\_\_\_\_

**Applicant acknowledges that all information provided is correct.**

\_\_\_\_\_  
Applicant signature Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature Date: \_\_\_\_\_

Leasing Agent \_\_\_\_\_