Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Applicant Information |
| Name:  |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: |
| City: | State: | ZIP Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |
| Landlord Information |
| Landlord’s Name: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Emergency Contact |
| Name of a person not residing with you: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Relationship: |
| Applicant’s Backgound/Rental History |
| Have you ever been convicted of a felony? |
| If “yes”, Specify Offense/Date: |
| Have you ever been evicted ? Yes No (Please circle) If “Yes” When?  |
| Have you have any outstanding balances with a previous Landlord? Yes No (Please circle) If “Yes, how much?  |
| Co-applicant Information |
| Name: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: |
| City: | State: | ZIP Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |
| Co-applicant Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Applicant’s Background/Rental History |
| Have you ever been convicted of a felony? |
| If “yes”, Specify Offense/Date: |
| Have you ever been evicted? Yes No (Please circle) If “Yes” When?  |
| Have you have any outstanding balances with a previous Landlord? Yes No (Please circle) If “Yes, how much?  |
| References |
| Name:  | Address: | Phone: |
|  |  |  |
|  |  |  |
|  |  |  |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |