



APPLICATION FOR TENANCY

Please Print

Address of Rental Premises: _____ Apt. # _____

How many bedrooms will you need?		
Do you, or do you intend to have: Pets <input type="checkbox"/> Yes <input type="checkbox"/> No Waterbeds <input type="checkbox"/> Yes <input type="checkbox"/> No Motorcycles <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant #1		
Last Name:	First Name:	Mid Initial:
Social Security Number:	Driver's License:	
Home Phone #:	Work Phone #:	Birthdate:
Present Street Address:		Apt. #:
City:	State:	Zip Code:
Dates you lived at this address: From	To	Were you evicted?
Landlord's Name:	Phone:	
Previous Street Address:		Apt. #:
City:	State:	Zip Code:
How long did you live at this address?		Were you evicted?
Previous Landlord's Name at this address:		Phone:
Current Employer:	How long employed?	
Contact Person:	Phone:	
Address of where you work:		
City:	State:	Zip Code:
Gross Monthly Wages: \$	You are paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Other Monthly Income:	How much? \$	
Primary Bank:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Credit References: 1)	Phone:	
2)	Phone:	
Nearest Relatives or Friends (for emergency purposes):		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	

Applicant #2

Last Name:	First Name:	Mid Initial:
Social Security Number:	Driver's License:	
Home Phone #:	Work Phone #:	Birthdate:
Present Street Address:		Apt. #:
City:	State:	Zip Code:
Dates you lived at this address: From	To	Were you evicted?
Landlord's Name:	Phone:	
Previous Street Address:		Apt. #:
City:	State:	Zip Code:
How long did you live at this address?		Were you evicted?
Previous Landlord's Name at this address:		Phone:
Current Employer:	How long employed?	
Contact Person:	Phone:	
Address of where you work:		
City:	State:	Zip Code:
Gross Monthly Wages: \$	You are paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Other Monthly Income:	How much? \$	
Primary Bank:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Credit References: 1)	Phone:	
2)	Phone:	
Relationship to Applicant #1:		

Names of Others Who Will Be Living with Applicant #1 & #2

1) Last Name:	First Name:	Mid Initial:
Social Security #:	Driver's License #:	
2) Last Name:	First Name:	Mid Initial:
Social Security #:	Driver's License #:	
3) Last Name:	First Name:	Mid Initial:
Social Security #:	Driver's License #:	

The application fee is \$ _____ and is non-refundable. I hereby authorize the landlord to verify any and all information on this application, criminal report and/or on a credit report. I/We, the undersigned, authorize Rental Property Owner's Association (RPOA) to obtain resident screening information from Merchants Service Bureau/CBC Companies or other credit bureau, which MAY include credit history, rental history, criminal history, sexual offender history and terrorist information.

Signature of Applicant #1 _____	Date: _____	Time: _____
Signature of Applicant #2 _____	Date: _____	Time: _____