



# APPLICATION TO RENT

Type of Report: \_\_\_\_\_

1-888-321-9035 1-888-321-9036 Fax

<b>Property Information</b>	Property Name: _____ Requested By: _____ Move in Date: ____ / ____ / ____
	Property Code/Address: _____ Unit# _____ Rent Amnt: _____ Move in Amnt: _____

**Personal Information: Incomplete or false information may be grounds for denial of tenancy. Proof of identity may be required.**

Applicant Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Soc.Sec.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Other Names Used: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Address on License: \_\_\_\_\_ State: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Veh. License Plate: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ | How many pets? \_\_\_\_\_ Type(s): \_\_\_\_\_

Cellular Phone #:(\_\_\_\_\_) \_\_\_\_\_ Day Ph #: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking #: \_\_\_\_\_ Saving #: \_\_\_\_\_ Automated Ph.#(\_\_\_\_\_) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

**Co- App Personal Information: Incomplete or false information may be grounds for denial of tenancy. Proof of identity may be required.**

Co-Applicant Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Soc.Sec.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Other Names Used: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Address on License: \_\_\_\_\_ State: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Veh. License Plate: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ | How many pets? \_\_\_\_\_ Type(s): \_\_\_\_\_

Cellular Phone #:(\_\_\_\_\_) \_\_\_\_\_ Day Ph #: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking #: \_\_\_\_\_ Saving #: \_\_\_\_\_ Automated Ph.#(\_\_\_\_\_) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

**OWN RENT LEASE (circle one) Current Rental Information: Incomplete or false information may be grounds for denial of tenancy.**

Current Street Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Rent Amnt: \_\_\_\_\_ Landlord Phone:(\_\_\_\_\_) \_\_\_\_\_ Landlord/Apt: \_\_\_\_\_

Applicant Reason For Leaving: \_\_\_\_\_

Co-App. Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Rent Amnt: \_\_\_\_\_ Landlord Phone:(\_\_\_\_\_) \_\_\_\_\_ Landlord/Apt: \_\_\_\_\_

Co-App. Reason For Leaving: \_\_\_\_\_

**OWN RENT LEASE (circle one) Previous Rental Information: Incomplete or false information may be grounds for denial of tenancy.**

Prev. Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Rent Amnt: \_\_\_\_\_ Landlord Phone:(\_\_\_\_\_) \_\_\_\_\_ Landlord/Apt: \_\_\_\_\_

Co-App. Prev. Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Rent Amnt: \_\_\_\_\_ Landlord Phone:(\_\_\_\_\_) \_\_\_\_\_ Landlord/Apt: \_\_\_\_\_



**Employment Information: Proof of pay stubs, tax returns and/or letter of hire may be required. Co-applicant income is NOT additional income.**

Current Employer: \_\_\_\_\_ Full time/Part time: \_\_\_\_\_ Hire date \_\_\_\_\_ Term date \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Full time/Part time: \_\_\_\_\_ Hire date \_\_\_\_\_ Term date \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Additional Income Source(s): \_\_\_\_\_ Amount(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Co-App. Employer: \_\_\_\_\_ Full time/Part time: \_\_\_\_\_ Hire date \_\_\_\_\_ Term date \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Co-App Prev. Employer: \_\_\_\_\_ Full time/Part time: \_\_\_\_\_ Hire date \_\_\_\_\_ Term date \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Additional Income Source(s): \_\_\_\_\_ Amount(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**List all persons to occupy the property applied for: Please include children**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**Other Information: If additional information can be offered please use a separate sheet of paper. Please Circle Yes or No**

Has the applicant or co-app. filed bankruptcy? Applicant: **Yes or No** Co-App: **Yes or No** Date of Discharge: \_\_\_\_\_  
 Has applicant or co-app. been charged with a misdemeanor or felony offense? Applicant: **Yes or No** Co-App: **Yes or No**  
 Offense type: \_\_\_\_\_ Offense: \_\_\_\_\_ Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Has applicant or co-app. been evicted or left an apartment/landlord owing money? Applicant: **Yes or No** Co-App: **Yes or No**  
 Date Evicted: \_\_\_\_\_ Apartment/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_  
 Address Evicted From: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

I understand there will be a **Non-Refundable Screening Fee** in the amount of \$ \_\_\_\_\_.  
 I understand I acquire no rights to a rental unit until I sign a rental agreement. I understand that upon signing this application a consumer investigation regarding all statements made on this application will be initiated. I understand I have the right to dispute the accuracy of information reported and upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of my rights under the FCRA. I certify that all statements made on this application are true and correct to the best of my knowledge. I am aware that false, misleading or incomplete information may result in a denial of tenancy or subsequent eviction. I authorize Owner/Landlord/Agent to make or request from an outside agency inquiries to any credit reporting mediums concerning my credit history. I further authorize Owner/Landlord/Agent to conduct or request from an outside agency a consumer investigation with regard to rental history, employment history, banking, conduct of character, mode of living, criminal charges, evictions, and any other information deemed necessary.

Applicant Signature

Date

Co-Applicant Signature

Date