



# Rental Application for Residents and Occupants

Each co-applicant and each occupant 18 years old and over must submit a separate application.  
Spouses may submit a single application.



Date when filled out: \_\_\_\_\_

**ABOUT YOU** Full name (exactly as on driver's license or govt. ID card) \_\_\_\_\_

Your street address (as shown on your driver's license or government ID card): \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_  
OR govt. photo ID card #: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Marital Status:  single  married  divorced  widowed  separated

Are you a U.S. citizen?  Yes  No Do you or any occupant smoke?  yes  no

Will you or any occupant have an animal?  yes  no

Kind, weight, breed, age: \_\_\_\_\_

Current home address (where you now live): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/cell phone: (\_\_\_\_) \_\_\_\_\_ Current rent: \$ \_\_\_\_\_

Email address: \_\_\_\_\_

Name of apartment where you now live: \_\_\_\_\_

Current owner or manager's name: \_\_\_\_\_

Their phone: \_\_\_\_\_ Date moved in: \_\_\_\_\_

Why are you leaving your current residence? \_\_\_\_\_

Your previous home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Apartment name: \_\_\_\_\_

Name of above owner or manager: \_\_\_\_\_

Their phone: \_\_\_\_\_ Previous monthly rent: \$ \_\_\_\_\_

Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

**YOUR WORK** Present employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Your gross monthly income is over: \$ \_\_\_\_\_

Date you began this job: \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Gross monthly income was over: \$ \_\_\_\_\_

Dates you began and ended this job: \_\_\_\_\_

Previous supervisor's name and phone: \_\_\_\_\_

**YOUR CREDIT HISTORY** Your bank's name, city, state: \_\_\_\_\_

List major credit cards: \_\_\_\_\_

Other non-work income you want considered. Please explain: \_\_\_\_\_

Past credit problems you want to explain. (Use separate page.) \_\_\_\_\_

**WHY YOU APPLIED HERE** Were you referred?  Yes  No.

If yes, by whom: \_\_\_\_\_

Name of locator or rental agency: \_\_\_\_\_

Name of individual locator or agent: \_\_\_\_\_

Name of friend or other person: \_\_\_\_\_

Did you find us on your own?  Yes  No If yes, fill in information below:

On the Internet  Stopped by  Newspaper (name): \_\_\_\_\_

Rental publication: \_\_\_\_\_

Other: \_\_\_\_\_

**YOUR RENTAL/CRIMINAL HISTORY** Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever:  been evicted or asked to move out?  moved out of a dwelling before the end of the lease term without the owner's consent?  declared bankruptcy?  been sued for rent?  been sued for property damage?  been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion?  been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. \_\_\_\_\_

**YOUR SPOUSE** Full name: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_  
OR govt. photo ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Present employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over: \$ \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

**OTHER OCCUPANTS** Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

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

Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**YOUR VEHICLES** List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY** Emergency contact person over 18, who will not be living with you:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**AUTHORIZATION** I or we authorize (owner's name) \_\_\_\_\_

\_\_\_\_\_

to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Applicant's signature \_\_\_\_\_

Spouse's signature \_\_\_\_\_

**Applicant must also sign on the next page of this Application.**