

TO ALLAPPLICANTS

An application fee of \$50.00 is required for all applicants above the age of 18

Copies of the following <u>MUST be SUBMITED</u> with your application

- Photo Identification for ANYONE 18 years or older
- Proof of Income for ANYONE 18 years or older (e.g., Last four pay stub, SSI, SSD, Disability, TANF, unemployment, Child Support, etc.) <u>THESE DOCUMENTS MUST BE</u> <u>CURRENT WITHIN THE LAST SIX MONTHS</u>

Please read the application carefully. Sign and date *ONLY* in the areas you are required to sign.



Rental Application

Α	nn	lica	nt	Info	rm	ation

			Applicant I	nformation				
Last Name First Name			M.I.	Co-Applicant Last Name First Name M.I.				
Date of Birth	Social Security N	umber	Home Telephone	Date of Birth	Social Security Nu	umber H	ome Telephone	
	obcial becunty in				Social Security Nu		N	
/ /	/ /		() -		/ /) -	
E-Mail Address			Mobile Telephone	E-Mail Address		N	lobile Telephone	
			() -			() -	
Current Street Address	5	City	State Zip Code	Co-Applicant Current Ad	ldress (if different)	City	State Zip Code	
Previous Street Address		City State Zip Code		Co-Applicant Previous Address (if different)		City State Zip Code		
Length of Residence a	t Current Address	Ever Filed for Own or Rent?		Length of Residence at Current Address		Ever Filed for Own or Rent?		
months		Eviction?		months		Eviction?		
		☐ Yes ☐				☐ Yes ☐ No ☐ Own ☐ Rent		
Londland on Agant Name		Londlord To	Present Housi	0	x Ament Name	l on dioxed Te	Jankana Numbar	
Landlord or Agent Name	1	Landlord Telephone Number		Co-Applicant Landlord or Agent Name		Landlord Telephone Number		
		(-			() -		
Reason for Leaving		Length of Re	ental Monthly Rent	Reason for Leaving		Length of Rental Monthly Rent		
		mont	hs			months		
			Employment / Inc	ome Information			•	
Present Employer Nam	le	Position		Co-Applicant Employer I	Name	Position		
Supervisor Name		Telephone	Number	Supervisor Name		Telephone	Number	
		() -			() -	
Employer Address		City	State Zip Code	Employer Address		City	State Zip Code	
Employed	Charlellan KNet Freeland	Salary / Wa		Employed	Check Here if Not Employed	Salary / Wa		
	Check Here if Not Employed	Salary / Wa	ges <i>per</i> ☐ month			Salary / Wa		
From	То		🗖 year	From	То		🗖 year	
Other Income		Amount <i>per</i> month		Other Income		Amount <i>per</i> month		
SSI Disability	Retirement 🗌 Other		🗖 year	SSI Disability Retirement Other		🛛 year		
			Banking In	formation				
Bank Name		Telephone N	-	Name		Telephone	Number	
		1				1)	
Account Number	Account Type		Ever Filed for Bankruptcy?	Account Number	Account Type	(Ever Filed for Bankruptcy?	
, looodint Humbol	Checking	Savings	· ·	, loobant rtainbor		Savings	☐ Yes ☐ No	
						_ Savings		
			Emergency Con	tact Information				
Name		Telephone N	lumber	Name		Telephone	Number	
		() -				() -		
Address		Relationship		Address		Relationship		
		I	Other Infe	ormation				
Address of the property yo	u are applving for	Rental price		Car Year / Make / Mode	1		icense Plate State / Number	
				1 1				
Depend of the state				Other Residents (Names / Ages)				
Dependents (Names / A	ges)			Other Residents (Names	s / Ages)			
Have you ever been	If "Yes", Date of	Nature of Co	onviction	Have you ever been	If "Yes", Date of	Nature of	Conviction	
convicted of a crime?	Most Recent Conviction?			convicted of a crime?	Most Recent Conviction?	1		
🗌 Yes 🔲 No	COnviction			🗌 Yes 🔲 No	COnviction?	1		
If "Yes", #:				If "Yes", #:		1		
Applicant Signature(s)								
By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is denied.								
Applicant: X		Da	ate: C	Co-Applicant: X			Date:	
			Items in BOLD a	IN REQUIRED				

FOR INTERNAL USE ONLY

Names to be listed on lease:		
Rent Amount:	Security Amount:	Utility break down:
	Date of lease commencement:	Amendments: