



RENTAL APPLICATION

\*ALL PERSONS OVER 18 MUST COMPLETE ALL INFORMATION

Date: \_\_\_\_\_

Property Address Applying for: \_\_\_\_\_

What date would you like to move in: \_\_\_\_\_

How long do you plan on renting?: \_\_\_\_\_

<u>1st Applicant</u>	<u>2nd Applicant</u>
Legal Name: _____	Legal Name: _____
Date of Birth: _____	Date of Birth: _____
SSN#: _____	SSN#: _____
DL# & State: _____	DL# & State: _____
Phone #: _____	Phone #: _____
Email Address: _____	Email Address: _____

List all persons other than applicants that will be living in the rental property

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

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

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

List all vehicles that will be parked at the rental property (Including RV's, boats, trailers, & motorcycle

License Plate & State: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate & State: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate & State: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Past 5 Years Housing History - Start with Most Recent

1st Applicant

2nd Applicant

Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Apartment Complex: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
Move in/out Dates: \_\_\_\_\_

Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Apartment Complex: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
Move in/out Dates: \_\_\_\_\_

Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Apartment Complex: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
Move in/out Dates: \_\_\_\_\_

Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Apartment Complex: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
Move in/out Dates: \_\_\_\_\_

Past 5 Years Employment History - Start with Most Recent

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
If Military: \_\_\_\_\_  
Squadron: \_\_\_\_\_ Rank: \_\_\_\_\_  
First Sergeant Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
If Military: \_\_\_\_\_  
Squadron: \_\_\_\_\_ Rank: \_\_\_\_\_  
First Sergeant Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Emergency Contact Information - Someone Other than Applicant 1 or 2

1st Applicant

2nd Applicant

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

- Have you ever applied to rent with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Have you ever been 3 days late with a payment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Have you ever intentionally refused to pay? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Have you ever broken a Lease Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Have you ever had an Eviction filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Have you ever filed Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Do you anticipate getting any/additional pets? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does anyone smoke tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 1 Signature

Date

Applicant 2 Signature

Date