



# RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).  
Please fill out the form **COMPLETELY** and sign where indicated.

There is \$40.00 **non-refundable** application fee

## PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S. #
DATE OF BIRTH	When would you like to move in?	OTHER NAMES USED IN PAST?	DRIVERS LICENSE #
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> EXT.	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT	Is your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
FROM WHEN TO WHEN	PREVIOUS LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
FROM WHEN TO WHEN	NEXT PREVIOUS LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	DATE OF BIRTH
NAME	RELATIONSHIP	DATE OF BIRTH
NAME	RELATIONSHIP	DATE OF BIRTH
NAME	RELATIONSHIP	DATE OF BIRTH
NAME	RELATIONSHIP	DATE OF BIRTH

## PROPOSED PET(S)

Do you have pets?  YES  NO

NAME	TYPE	BREED	AGE	Is your pet Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO In what county?
NAME	TYPE	BREED	AGE	Is your pet Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO In what county?
NAME	TYPE	BREED	AGE	Is your pet Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO In what county?

**EMPLOYMENT**

CURRENT EMPLOYER	OCCUPATION	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	START DATE
SUPERVISOR	PHONE EXT.	SALARY	PAID PER (week, month, etc.)
ADDRESS	CITY/STATE/ZIP		
PREVIOUS EMPLOYER	OCCUPATION	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DATES OF EMPLOYMENT
SUPERVISOR	PHONE EXT.	SALARY	PAID PER (week, month, etc.)
ADDRESS	CITY/STATE/ZIP		
PREVIOUS EMPLOYER	OCCUPATION	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DATES OF EMPLOYMENT
SUPERVISOR	PHONE EXT.	SALARY	PAID PER (week, month, etc.)
ADDRESS	CITY/STATE/ZIP		

**ADDITIONAL INCOME**

CURRENT INCOME \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

**CREDIT CARD / FINANCIAL INFORMATION**

CAR LOAN LIENHOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CHILD SUPPORT/OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
BANK ACCOUNT / NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER

**VEHICLE(S) INFORMATION**

YEAR	MAKE	MODEL	COLOR	PLATE # AND STATE ISSUED
YEAR	MAKE	MODEL	COLOR	PLATE # AND STATE ISSUED

**EMERGENCY / PERSONAL REFERENCE INFORMATION****(Emergency Contact should be someone NOT living in your household)**

EMERGENCY CONTACT	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK EXT.
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK EXT.
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK EXT.
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK EXT.
RELATION	ADDRESS	CITY/STATE/ZIP

## APPLICANT QUESTIONNAIRE

(Please answer ALL questions. If you answer **YES** to any of the questions below, please give dates and/or explain. If you need more room to write, please attach separate sheet of paper.)

Have you ever been served a late rent notice?  YES  NO

How many late rent payments have you had in the last 12 months?

Have you ever been taken to court by another landlord?  YES  NO

Have you ever been evicted from a rental residence?  YES  NO

Have you ever willfully and intentionally refused to pay rent when due?  YES  NO

Have you ever broken a Lease?  YES  NO

Have you ever moved owing rent or damaged a rental property?  YES  NO

Have you ever been foreclosed on?  YES  NO

Have you ever been sued for bills or been a party to a lawsuit?  YES  NO

Have you ever filed for bankruptcy?  YES  NO

Are you currently on Probation or Parole? (If yes, please explain)  YES  NO

Are you currently on the Sex Offender Registry?  YES  NO

Have you ever been convicted of, or pled guilty or "no contest" to a misdemeanor - **WHETHER OR NOT RESULTING IN A CONVICTION?** (If YES, please list dates and charges)  YES  NO

Have you ever been convicted of, or pled guilty or "no contest" to a felony - **WHETHER OR NOT RESULTING IN A CONVICTION?** (If YES, please list dates and charges)  YES  NO

Have you ever been convicted of, or pled guilty or "no contest" to a misdemeanor involving sexual misconduct - **WHETHER OR NOT RESULTING IN A CONVICTION?** (If YES, please list dates and charges)  YES  NO

Have you ever been convicted of, or pled guilty or "no contest" to a felony involving sexual misconduct - **WHETHER OR NOT RESULTING IN A CONVICTION?** (If YES, please list dates and charges)  YES  NO

Finally, How did you hear of our Community?

