

RENTAL APPLICATION

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

PERSONAL INFOR	RMATIC)N										
FIRST NAME	MID				LAST			S.S.#				
DATE OF BIRTH / /	MAR	RITAL STATUS	SINGLE	MARRIED Sind	e	DIVORCED Sin	DRIVERS LICENSE # STATE					
PHONE	CELL	П номе	PHONE		EXT. ☐ HOME ☐ WORK				EMAIL			
PRESENT HOME ADDRESS		CITY/STATE/ZII	P									
LENGTH OF TIME PRESENT				NDLORD	•			LANDLORD PHONE				
REASON FOR LEAVING					AMOUNT OF R	RENT		Is your present rent up to date?				
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP								
LENGTH OF TIME	PREVIOUS L	ANDLORD				LANDLORD PHONE						
REASON FOR LEAVING					AMOUNT OF R	RENT		Was your rent up to date?				
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZII	P								
LENGTH OF TIME		NEXT PREVI	OUS LANDLORD				LANDLORD PHONE					
REASON FOR LEAVING	I			AMOUNT OF R	RENT		Was your rent up to date?					
PROPOSED OCCU	JPANT(S)										
NAME						OCCUPATION			AGE			
NAME R			NSHIP			OCCUPATION			AGE			
NAME R			NSHIP			OCCUPATION			AGE			
NAME RELA			NSHIP			OCCUPATION			AGE			
NAME	RELATIO	NSHIP			OCCUPATION		AGE					
PROPOSED PET(S)											
NAME TYPE/BREED						☐ INDOOR	OUTDOOF	₹	AGE			
NAME			REED			INDOOR	OUTDOOF	AGE				
NAME TO			REED		☐ INDOOR ☐ OUTDOO			AGE AGE				
VEHICI E(S) INEO	ON											
VEHICLE(S) INFO	MAKE				COLOR		PLATE #		STATE			
YEAR MAKE	MAKE		MODEL		COLOR		PLATE #		STATE			
EMPLOYMENT CURRENT EMPLOYER				OCCUPATION				нопр	CAMERY			
			EXT:			HOURS/WEEK YEARS EMPLOYED						
SUPERVISOR ADDRESS		PHONE CITY/STATE/ZIP	_	_	EXI:	TEARS EMPLOYED						
	OCCUPATION				Тионв	AMEEN						
CURRENT EMPLOYER SUPERVISOR				PHONE EXT:			FYT·	HOURS/WEEK YEARS EMPLOYED				
ADDRESS	CITY/STATE/ZIP	_	_	LAI.	ILAKS							
			, 5									
INCOME												
CURRENT INCOME WEEKLY BIWEEKLY MONTHLY YEARLY				SOURCE			PROOF OF INCOME YES NO					
CURRENT INCOME WEEKLY BI	SOURCE			PROOF OF INCOME YES NO								
CURRENT INCOME	SOURCE				PROOF	OF INCOME YES NO						



RENTAL APPLICATION

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

CREDIT CARD / FINA	NCL	AL IN	FORM	ATIO	N							
CAR LOAN LIEN HOLDER	BALANCE OWED			MONTHLY PAYMENT			CREDITOR'S PHONE #					
CREDIT CARD COMPANY	BALANCE MONTHLY OWED PAYMENT			CREDITOR'S								
CREDIT CARD COMPANY	BALANCE MONTHLY OWED PAYMENT				CREDITOR'S							
CREDIT CARD COMPANY	BALANCE MONTHLY				CREDITOR'S							
CHILD SUPPORT/	OWED PAYMENT BALANCE MONTHLY					PHONE # CREDITOR'S						
OTHER CREDIT OWED BANK ACCOUNT	OWED PAYMENT BALANCE MONTHLY PAYMENT					PHONE # ACCOUNT NUMBER						
NAME OF BANK		D INTE	ODLEAS				NUMBER					
EMERGENCY / PERSO	NAL	KEF		E INF	ORMA.	HON						
EMERGENCY CONTACT			PHONE	-	-	CELL	П НОМЕ	PHONE	-	-	□ НОМЕ	work
RELATION	ADDRESS					CITY/STATE/ZII	•					
EMERGENCY CONTACT	PHONE	-	_	CELL	□ номе	PHONE	-	-	□ НОМЕ	work		
RELATION			ADDRESS					CITY/STATE/ZII	•			
PERSONAL REFERENCE	PHONE	-	_	CELL	П номе	PHONE	-	-	П номе	work		
RELATION	ADDRESS					CITY/STATE/ZII	•					
PERSONAL REFERENCE			PHONE	-	_	CELL	П номе	PHONE	-	-	П НОМЕ	work
RELATION	ADDRESS					CITY/STATE/ZII	•					
APPLICANT QUESTIC)NN/	AIRE	/ AUTE	IORI7	ATION							
Has applicant ever been sued for bills?	☐ YES	☐ NO					ortment by th	ne Sheriff?	YES	☐ NO		
	YES			Has applicant ever been locked out of their apartment by the Sheriff? Has applicant ever been brought to court by another landlord?								
Has applicant ever been guilty of a felony?	Has applicant ever moved owing rent or damaged an apartment?							NO				
Has applicant ever broken a Lease?	Is the total move-in amount available now (rent and deposit)?						YES	☐ NO				
Applicant authorizes the landlord to contact p	nact and n	recent lan	dlords emplo	wees credito	ore credit bure	aus neigh	hore and an	v other sources	deemed	necessary to	invectioate a	nnlicant
			•	•		-		•		•	-	ррисані.
All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.											NY TIME.	
APPLICANT SIGNATURE	DATE							_				
If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.												
NOTES:												

© 2006 EZ Landlord Forms Page 2 of 2