



DATE: _____

PROPERTY ADDRESS: _____

SECTION 8: YES _____ NO _____

LOOKING FOR _____ BEDROOM/S

APP FEE PAID: _____

RENTAL APPLICATION

- Each adult (18 or older) must fill out a separate application
- There is a non-refundable fee of \$25 per adult to apply

First	Middle	Last	Birth Date	Social Security #	Driver's License #
Any Other Names You've Used in The Past			Home Phone	Cell Phone	
All Other Proposed Occupants			Birth Date	Relationship To Applicant	

RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager			
Phone Number			
Reason for leaving			
Is/Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed:			
	From/To	From/To	From/To
Dates of Residency			

EMPLOYMENT HISTORY **Current hourly pay:** _____ **How many hours a week do you work?** _____

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	From/To	From/To
Dates of Employment			

CREDIT HISTORY

	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Credit Card		
Auto Loan		

VEHICLES (Include vehicles belonging to other proposed occupants also)

Make	Model	Color	Year	License Plate

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EMERGENCY CONTACTS

	Doctor	Lawyer	Nearest Living Relative
Name			
Street Address			
City			
State & Zip			
Phone Number			

By signing the application, you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

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*Please provide at least one professional/nonrelative reference

	Reference 1	Reference 2	Reference 3
Name			
Street Address			
City			
State & Zip			
Phone Number			
How long has this person known you?			
Relationship			

By signing this application, you grant us permission to communicate with all persons listed in all sections of this application

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **non-refundable** fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____

Date: _____

Please submit the following documents with your application (if applicable):

- 3 to 4 most recent check stubs
- SSI award letter
- Proof of any and all income (child support, self-employment, etc)
- Copy of DL or ID
- Copy of any police record
- Application fee

PLEASE PRINT

CASEWORKER INFO.

COMPANY: _____ NAME: _____

PH#: _____