

## Rental/Lease Application

### GENERAL INFORMATION

How many will be living in this residence: \_\_\_\_\_  
Number of Adults who will live at this residence: \_\_\_\_\_  
Number of Children who will live at this residence: \_\_\_\_\_ How old: \_\_\_\_\_  
Number of Pets: \_\_\_\_\_ how old: \_\_\_\_\_ House Trained:  yes  no  
What kind of dogs \_\_\_\_\_ Weight of pets: \_\_\_\_\_  
Is anyone who will move in, a smoker?  yes  no  
Name of persons under age 18: \_\_\_\_\_  
How many years do you intend to live in this house: \_\_\_\_\_  
The earliest date you can move in is in the Month of: \_\_\_\_\_ Day of: \_\_\_\_\_

### EACH PERSON AGE 18 OR OVER MUST FILL OUT AN APPLICATION

#### APPLICANT 1

Gross monthly income: \_\_\_\_\_ Net monthly income: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work email: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver License: \_\_\_\_\_ State Issued: \_\_\_\_\_

#### LAST FIVE YEARS EMPLOYMENT INFO

Current Employment/Employer  
Job Title: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address (*must include number, street name and Suite*): \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

**PRIOR EMPLOYER (INCLUDE IN ORDER OF MOST RECENT)**

Prior Employment/Employer 1

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Prior Employment/Employer - 2

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Prior Employment/Employer - 3

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Prior Employment/Employer - 4

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

How is your financial credit history?  Excellent  Good  Fair  Poor  No Credit History

If you did have good credit rating in the past, when was it: \_\_\_\_\_

What was your rating before it went bad? \_\_\_\_\_

How many years and months did you rent in total? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How is your rental history? Excellent  Good  Okay  Bad

Explain: \_\_\_\_\_

Have you ever been late in your rent payment? Yes  No

How many months: \_\_\_\_\_

Were you ever evicted of a crime? Yes  No

Will you have difficulty or feel uncomfortable having you and your guests take off shoes or slippers before walking on the carpet? Yes  No

On a scale of zero to ten, what would you rate yourself and your family for cleanliness and neatness?

10 = Absolute perfectionist: \_\_\_\_\_

**RESIDENCE INFORMATION FOR THE PAST 4 YEARS:**

Present Landlord/1 name: \_\_\_\_\_

Present Landlord/1 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

Landlord/2 name: \_\_\_\_\_

Landlord/2 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

Landlord/3 name: \_\_\_\_\_

Landlord/3 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

Landlord/4 name: \_\_\_\_\_

Landlord/4 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

**PERSONAL REFERENCES**

Relation 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relation 2: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relation 3: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**APPLICANT #2**

Gross monthly income: \_\_\_\_\_ Net monthly income: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work email: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver License: \_\_\_\_\_ State Issued: \_\_\_\_\_

**LAST FIVE YAERS EMPLOYMENT INFO**

Present Employment/Employer  
Job Title: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address (*must include number, street name and Suite*): \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

**PRIOR EMPLOYER (INCLUDE IN ORDER OF MOST RECENT)**

Prior Employment/Employer - 1

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Prior Employment/Employer - 2

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Prior Employment/Employer - 3

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Prior Employment/Employer - 4

Job Title: \_\_\_\_\_

Job duties: \_\_\_\_\_

Start Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (*must include number, street name and Suite*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

How is your financial credit history?  Excellent  Good  Fair  Poor  No Credit History

If you did have good credit rating in the past, when was it: \_\_\_\_\_

What was your rating before it went bad? \_\_\_\_\_

How many years and months did you rent in total? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How is your rental history? Excellent  Good  Okay  Bad

Explain: \_\_\_\_\_

Have you ever been late in your rent payment? Yes  No

How many months: \_\_\_\_\_

Were you ever evicted of a crime? Yes  No

Will you have difficulty or feel uncomfortable having you and your guests take off shoes or slippers before walking on the carpet? Yes  No

On a scale of zero to ten, what would you rate yourself and your family for cleanliness and neatness?

10 = Absolute perfectionist: \_\_\_\_\_

**RESIDENCE INFORMATION FOR THE PAST 4 YEARS**

Present Landlord/1 name: \_\_\_\_\_

Present Landlord/1 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

Landlord/2 name: \_\_\_\_\_

Landlord/2 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

Landlord/3 name: \_\_\_\_\_

Landlord/3 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

Landlord/4 name: \_\_\_\_\_

Landlord/4 phone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Months: \_\_\_\_\_

Present Address (include City, State, Zip): \_\_\_\_\_

How many late payments: \_\_\_\_\_

Did you get all your deposit back: Yes  No  Explain: \_\_\_\_\_

**PERSONAL REFERENCES**

Relation 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relation 2: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relation 3: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

How is your financial credit history?

Excellent  Good  Fair  Not So Good  Poor  No Credit History

If you did have good credit rating in the past, when was it: \_\_\_\_\_

What was your rating before it went bad? \_\_\_\_\_

How many years and months did you rent in total? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How is your rental history? Excellent  Good  Okay  Poor

Explain: \_\_\_\_\_

Have you ever been late in your rent payment? Yes  No

How many months: \_\_\_\_\_

Were you ever evicted of a crime? Yes  No

Will you have difficulty or feel uncomfortable having you and your guests take off shoes or slippers before walking on the carpet? Yes  No

On a scale of zero to ten, what would you rate yourself and your family for cleanliness and neatness?

10 = Absolute perfectionist: \_\_\_\_\_

**Other Information:**

Will anyone smoke in the house at any time? Yes  No

All vehicles that will be at or on this property (including company cars):

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

**DO YOU HAVE** any others vehicles, operating or **NON-operating**, including motorcycle, boats, cars, etc...

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

**Have you ever**

Filed for bankruptcy? Yes  No

Been convicted? Yes  No  Explain: \_\_\_\_\_

Have you ever been served eviction notice or been asked to vacate a property you were renting?

Yes  No

Willfully or intentionally refused to pay rent when due? Yes  No

Have you been sued for unlawful detainer? Yes  No  When: \_\_\_\_\_

Rent commencement date: \_\_\_\_\_

How many years: \_\_\_\_\_

***By signing, e-mailing or faxing this form I agree and give consent to the Landlord or his representatives the right to inquire of my credit and references. Each applicant must sign a hard copy and submit as soon as possible.***

Please note, at the time of our approval of your application be ready to bring the following.

- Social Security Card
- Drivers License (Any state issued ID)
- Proof of Income (Pay Stub, SSI, etc.)
- Utility Bill (phone, cable, water etc.)
- Holding Deposit in the form of a cashier's check or money order for \$200.00 that will go towards your Security deposit.
- Any other documents that are requested, or you think are relevant.

**By signing below you swear that all of the information above is true and correct to the best of your knowledge.**

**Hard Copy Must Be Signed**

*Please print this page, sign and fax back. Or scan and email back. In Adobe Reader you can also click **Tools** than **Comment & Markup** scroll down to **Pencil Tool**. Use the Pencil Tool to sign below. All signatures must match signatures on ID's. Call or email anytime with questions.*

Signature of Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_