

RENTAL APPLICATION

(ONE PERSON PER APPLICATION)



Screening Services
When a handshake isn't enough

Name: _____ Phone: _____

Email: _____ Former Names: _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

Has your driver's license ever been suspended, privileges limited or revoked? Yes No

If so, when and why? _____

Current address, including ZIP CODE: _____

Name, address and telephone no. of Landlord: _____

Length of stay: _____ Rent: \$ _____ Amt. of utilities paid by tenant: \$ _____

Reason for leaving: _____

When does your lease expire? _____ Have you given notice? Yes No

When would you like to take occupancy? _____

Former address, including ZIP CODE: _____

Length of stay: _____ Reason for leaving: _____

Name, address and telephone number of Landlord: _____

If the total length of the previous two tenancies is less than two years, list additional addresses with ZIP CODE: _____

Names of all adult co-tenants: _____

Pets: Number _____ types: _____ weight: _____ and ages: _____

Number of vehicles: cars: _____ trucks: _____ other: _____

Plate numbers: _____

Current employer: _____ Phone: _____

Position: _____ Length of employment: _____ NET pay per mo: \$ _____

Additional income: Amount \$ _____ Source: _____

Total of ALL monthly debt, excluding rent and utilities listed above \$ _____

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Personal reference: (List name, address, telephone number and relationship) _____

Emergency information: (List name, address, telephone number and relationship) _____

If you could not meet your financial obligations, who would you turn to for help? _____

Do you currently carry renter's insurance? Yes No Amount: \$ _____

Company name: _____

Does anyone in your household smoke? Yes No

Have you ever been served an eviction notice or have you been asked to leave a rental property? Yes No

If so, when? _____ and why? _____

List the Landlord's name, address and telephone number: _____

Have you ever deposited rent with a court or refused to pay your rent when it was due? Yes No

If the answer is yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If so, list the charge, year, county and state: _____

Have you ever filed bankruptcy? Yes No If so, when? _____

Has it been discharged? Yes No If yes, when? _____

What type of bankruptcy? Chapter 7 Chapter 13

Have your wages ever been garnished? Yes No If so, when and why _____

Are you currently a co-signer on a loan? Yes No

I certify that all of the information listed above is truthful and complete. I give permission for a **CREDIT REPORT AND CRIMINAL RECORD SEARCH** to be run for tenant screening purposes. **THE TENANT RELEASE FORM MUST ACCOMPANY THIS APPLICATION.**

Signature: _____ Date: _____