

# Rental Application

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last Suffix

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last Suffix

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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### List all other occupants below:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

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How long at present address? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Present Apt. Community/Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Street City State Zip

Rent? \_\_\_ Own? \_\_\_ Previous Apt. Community/ Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

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Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Full Time Student? \_\_\_yes \_\_\_no Current Year Status? \_\_\_Freshman \_\_\_Junior \_\_\_Graduate Student  
\_\_\_Sophomore \_\_\_Senior

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Spouse Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Full Time Student? \_\_\_yes \_\_\_no Current Year Status? \_\_\_Freshman \_\_\_Junior \_\_\_Graduate Student  
\_\_\_Sophomore \_\_\_Senior

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### Other sources of income you would like for us to consider:

Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

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Have you ever been evicted? \_\_\_\_\_ Convicted of a felony? \_\_\_\_\_ Filed Bankruptcy? \_\_\_\_\_

If yes to any of the above, please explain \_\_\_\_\_

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Do you have a pet? \_\_\_ If so, what kind? \_\_\_\_\_ M/F \_\_\_ Age \_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

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Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

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