

PERSONAL INFORMATION

First Name	Middle	Last	SSN
Date of Birth	Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married Since _____ <input type="checkbox"/> Divorced Since _____	Drivers License #	State
Cell Phone	Home Phone	Email	

RESIDENCE HISTORY

Current Address	City	State	Zip Code
Type <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Occupy	Current Landlord	Landlord Phone #	
Reason for Leaving	Dates Lived at this Address		
	Monthly Rent		
	All Rent Payments Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Address	City	State	Zip Code
Type <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Occupy	Landlord	Landlord Phone #	
Reason for Leaving	Dates Lived at this Address		
	Monthly Rent		
	All Rent Payments Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VEHICLE INFORMATION (Only the cars listed on this application are permitted on the premises)

Year	Make	Model	Color	Plate #	State
Year	Make	Model	Color	Plate #	State

EMPLOYMENT

Current Employer	Occupation	Hours/Week	Years Employed
Supervisor	Phone	Extension	
Address	City	State	Zip Code

INCOME

Current Income	Source	Proof of Income Attached?
\$ _____ Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source	Proof of Income Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL INFORMATION

Car Loan Lien Holder	Balance Owed	Monthly Payment	Creditor Phone #
Credit Card Company	Balance Owed	Monthly Payment	Creditor Phone #
Credit Card Company	Balance Owed	Monthly Payment	Creditor Phone #
Credit Card Company	Balance Owed	Monthly Payment	Creditor Phone #
Child Support	Balance Owed	Monthly Payment	Creditor Phone #
School Loan	Balance Owed	Monthly Payment	Creditor Phone #
Other Credit Owed	Balance Owed	Monthly Payment	Creditor Phone #
Personal Bank Account	Balance	Monthly Payment	Account #

EMERGENCY CONTACTS

Emergency Contact	Relationship	Cell Phone #	Work Phone #
Address		City	State Zip Code
Emergency Contact	Relationship	Cell Phone #	Work Phone #
Address		City	State Zip Code

PERSONAL REFERENCES

Personal Reference	Relationship	Cell Phone #	Work Phone #
Address		City	State Zip Code
Personal Reference	Relationship	Cell Phone #	Work Phone #
Address		City	State Zip Code

ADDITIONAL OCCUPANTS (All occupants must complete a separate application)

Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age

QUESTIONNAIRE

Have you ever withheld rent for any reason? No	<input type="checkbox"/> Yes <input type="checkbox"/>	Do you smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been sued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently attending college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about this apartment?	
Have you ever had a legal dispute with another landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What do you like best about this apartment?	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What would you change about this apartment?	
What do you like best about your current landlord?			
What would you change about your current landlord?			

NOTES

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors, and any other sources deemed necessary to investigate the applicant. By signing below, applicant hereby represents all information on this application is true and complete, and hereby authorizes a credit check to be made, annual verification of information, and communication with any and all names/references listed on this application for continual rental consideration or for collection purposes should that become necessary. The fees collected for this application are not refundable.

Applicant acknowledges this application will become part of the lease agreement, if approved. If any information is later found to be incorrect or misleading, this will be sufficient reason for immediate eviction and loss of security deposit.

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.

Applicant Signature

Date