

# Residential Rental Application

\_\_\_\_\_ (Owner or Agent)     Prospective Tenant

Guarantor

**Each adult or emancipated minor applying for tenancy or other occupancy status must complete a separate application. Proposed guarantor shall also complete an application.**

| Property Address | Rental Amount/Per Month | Security Deposit | Estimated Move-In Date |
|------------------|-------------------------|------------------|------------------------|
|                  | \$                      | \$               |                        |

| Personal Information   |        |            |   |                                  |                            |       |
|--|--------|------------|---|----------------------------------|----------------------------|-------|
| Full Name of Applicant: First  | Middle | Last       | Birth Date                              | Social Security #                | Drivers License/Photo ID # | State |
|  |        |            |   |                                  |                            |       |
| Other Names You've Used in The Past  | Email  | Home Phone | Cell Phone & Work Phone                 |                                  |                            |       |
|  |        |            |   |                                  |                            |       |
| List Names of All Other Applicants/Proposed Occupants and Age of Each  |        |            |   | Birth Date                       | Relationship               |       |
|  |        |            |   |                                  |                            |       |
|  |        |            |   |                                  |                            |       |
| Animals: Number and type   |        |            |   |                                  |                            |       |
|  |        |            |   |                                  |                            |       |
| Will any applicant or proposed applicant use liquid-filled furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No |        |            |   | Type of Liquid Filled Furniture: |                            |       |
|  |        |            |   |                                  |                            |       |
| Emergency Contact - Name   |        |            | Emergency Contact - Phone # and Address |                                  | Relationship               |       |
|  |        |            |   |                                  |                            |       |

| Rental History   | Current Residence   | Previous Residence  | Prior Residence     |
|--|---------------------|---------------------|---------------------|
| Street Address   |                     |                     |                     |
| City   |                     |                     |                     |
| State & Zip  |                     |                     |                     |
| Last Rent Amount Paid  |                     |                     |                     |
| Date Last Rent Paid  |                     |                     |                     |
| Manager/Property Owner Name  |                     |                     |                     |
| Manager/ Property Owner Phone  |                     |                     |                     |
| Dates of Residency   | From _____ To _____ | From _____ To _____ | From _____ To _____ |
| Do any prospective occupants smoke tobacco or any other product?   |                     |                     |                     |
| Why is applicant seeking to move from current address?   |                     |                     |                     |
|  |                     |                     |                     |
| Has any owner/agent listed above complained about any prospective occupant's behavior or issued any notice to terminate or notice due to breach of contract? If yes, please explain: |                     |                     |                     |
|  |                     |                     |                     |

|  |                        |
|--|------------------------|
| Do You Own Real Property: <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Address: _____ |
|--|------------------------|



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| Employment & Income | Current Employment    | Previous Employment      | Prior Employment      |
|---------------------|-----------------------|--------------------------|-----------------------|
| Employed By         |                       |                          |                       |
| Address             |                       |                          |                       |
| Employer's Phone    | (    )                | (    )                   | (    )                |
| Occupation          |                       |                          |                       |
| Name of Supervisor  |                       |                          |                       |
| Supervisor's Phone  |                       |                          |                       |
| Gross Income        | \$_____Per week/month | \$_____Per week/month    | \$_____Per week/month |
| Dates of Employment | From_____to _____     | From_____to _____        | From_____to _____     |
| Other Lawful Income | Source:               | Amount: \$_____Per _____ |                       |

| Credit           | Bank/Institution Name/Account # (Use Add'l Sheets of Paper if Needed) | Balance On Deposit or Owed |
|------------------|---|----------------------------|
| Savings Account  |   |                            |
| Checking Account |   |                            |
| Credit Cards     |   | Mo. Payment Amt.           |
|                  |   | Mo. Payment Amt.           |
| Auto Loan        |   | Mo. Payment Amt.           |
| Other Loans      |   | Mo. Payment Amt.           |

| Vehicle Make | Model | Color | Year | License Plate |
|--------------|-------|-------|------|---------------|
|              |       |       |      |               |
|              |       |       |      |               |

| References             |  |  |  |
|------------------------|--|--|--|
| Name                   |  |  |  |
| Street Address         |  |  |  |
| City                   |  |  |  |
| State & Zip            |  |  |  |
| Phone Number           |  |  |  |
| Length of Acquaintance |  |  |  |

| Nearest Relative or Emergency Contact |  |              |  |
|---------------------------------------|--|--------------|--|
| Name                                  |  | Address      |  |
| Phone #                               |  | Relationship |  |

|   |
|---|
| Has applicant filed for bankruptcy within the last 11 years?  |
| Has applicant ever been evicted or been asked to terminate tenancy by an Owner/Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain: |
| Has applicant been a party to a lawsuit in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain:                                    |
| Has applicant been convicted of a crime against a person or real property? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain:              |

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## Screening Fee

Each applicant shall pay a nonrefundable screening fee of \$ \_\_\_\_\_. The application screening fee is not part of a security deposit, advance fee or rent. Upon request, Applicant may be provided a copy of the consumer credit report for which Owner/Agent obtained in connection with the Application to rent and will be provided if the credit report is used as the basis of an adverse action. Applicant herein authorizes the Owner/Agent to use these funds to obtain and review information herein, criminal background checks, credit checks, and other screening materials and tools.

The credit report will be conducted by: \_\_\_\_\_

**If the Property is comprised of one (1) to four (4) dwellings,  
a Notice of Default  has  has not been recorded against the Property.**

## Agreement & Authorization Signature

The undersigned has read the foregoing and acknowledges receipt of a copy of the application.

**Applicant represents the statements are true and correct and hereby authorizes Owner/Agent to verify these items and obtain credit and/or criminal background checks to be made and to furnish additional credit references or other legal information upon Owner's/Agent's request. Applicant certifies under penalty of perjury that the foregoing is true and correct. Applicant agrees that the Owner/Agent is authorized to investigate the information that is provided herein and to inquire and study the information in connection with establishing Applicants qualifications to rent. Applicant further acknowledges and agrees that misstatements or misrepresentations of the foregoing information is a non-curable breach of any rental agreement that may be entered into with Owner/Agent. Applicant understands that any discrepancy or lack of information may result in the rejection of this application. Applicant understands that this is an application for a residential rental unit and does not constitute an offer to rent or a rental or lease agreement in whole or part.**

The undersigned has received the screening fee as noted above.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Bureau of Real Estate License # \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

Owner/Agent Telephone Number: \_\_\_\_\_

