

CURRENT

INCOME

RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated. All data herein is deemed confidential.

PERSONAL INI	FORMAT	TION									
FIRST NAME MIDDLE			LAST			S.S.#					
DATE OF BIRTH		MARITAL STATU	S					DRIVERS LICENSE # STATE			
PHONE	HOME		PHONE		EXT.	ст. CELL		EMAIL			
PRESENT HOME ADDRESS)	OLLL					
LENGTH OF TIME				PRESENT LANDLORD			LANDLORD PHONE				
REASON FOR LEAVING				AMOUNT OF RENT			Is your present rent up to date?				
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP							
LENGTH OF TIME	PREVIOUS LANDLORD				LANDLORD PHONE						
REASON FOR LEAVING		AMOUNT OF RENT				Was your rent up to date?					
NEXT PREVIOUS HOME ADDRESS				CITY/STATE/ZIP				1			
LENGTH OF TIME			NEXT PREVIOUS LANDLORD				LANDLORD PHO	DLORD PHONE			
REASON FOR LEAVING			AMOUNT OF F			RENT Was you			ur rent up to date?		
DDODOSED O	CCLIDAN	T(S)									
PROPOSED OCCUPANT(S) NAME RELATIONSHIP				OCCUPATION					P	AGE	
NAME REL			TIONSHIP			OCCUPATION			AGE		
NAME			RELATIONSHIP			OCCUPATION	AGE		AGE		
NAME !			RELATIONSHIP			OCCUPATION			AGE		
NAME RELA			IONSHIP			OCCUPATION			P	AGE	
DDODOGED DE	ATT (C)										
PROPOSED PET(S) NAME TYPE/BREED									A	AGE	
			E/BREED			■ INDOOR	OUTDOOR			AGE	
		TYPE/B				INDOOR	OUTDOOR			AGE	
1111111					☐ INDOOR	INDOOR OUTDOOR					
VEHICLE(S) IN		TION									
YEAR	MAKE						PLATE #		STATE		
YEAR	MAKE		MODEL COLO		COLOR	PLATE #		STATE			
EMPLOYMENT	7										
CURRENT EMPLOYER				OCCUPATION			HOURS/WEEK				
SUPERVISOR				PHONE			EXT: YEARS EMPLOYED			/ED	
ADDRESS				CITY/STATE/ZIP				I			
CURRENT EMPLOYER				OCCUPATION			HOURS/WEEK				
SUPERVISOR				PHONE EXT:				YEAR	YEARS EMPLOYED		
ADDRESS				CITY/STATE/ZIP							
INCOME											
CURRENT INCOME				SOURCE				PROOF OF INCOME			
CURRENT			SOURCE				PROC	PROOF OF INCOME			

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PROOF OF INCOME

SOURCE



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Please	fill out	this form COMPLETELY and	sign where indica	ited.					
CREDIT CARD / FINANCIAI	L IN	FORMATION							
CAR LOAN LIEN HOLDER		BALANCE MONTHLY OWED PAYMENT		CREDITOR'S PHONE #		S			
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #					
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #					
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT			CREDITOR'S PHONE #				
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED		CREDITOR'S PHONE #						
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT		ACCOUNT NUMBER					
EMERGENCY / PERSONAL F	REFI	ERENCE INFORMAT	ION						
EMERGENCY CONTACT		PHONE							
RELATION		ADDRESS	CITY/STATE/ZIP						
EMERGENCY CONTACT		PHONE	PHONE						
RELATION		ADDRESS	CITY/STATE/ZIP						
PERSONAL REFERENCE		PHONE	PHONE						
RELATION		ADDRESS	CITY/STATE/ZIP						
PERSONAL REFERENCE	PHONE	PHONE							
RELATION		ADDRESS	CITY/STATE/ZIP						
APPLICANT QUESTIONNAI	RF /	AUTHORIZATION							
) NO	Has applicant ever been locked out of	their apartment by th	ne sheriff?	O YES	Ono			
) NO	Has applicant ever been brought to co			O YES	ONO			
Has applicant ever been guilty of a felony? OYES	Has applicant ever moved owing rent	ONO							
Has applicant ever broken a Lease? OYES	Has applicant ever moved owing rent or damaged an apartment? Is the total move-in amount available now (rent and deposit)?				ONO				
Applicant authorizes the landlord to contact past and pres All information is true, accurate and complete to the bes ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFO	st of app	icant's knowledge. Landlord reserves th	ne right to disqualify t	enant if inform	nation is n	ot as represented.			
APPLICANT SIGNATURE DATE									
If you have any questions ab	oout the	interpretation or legality of this form, pl	ease consult an attor	ney or other q	ualified pe	erson.			

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