An APPLICATION FEE of \$50 is due at the time Application is being made and is NON-REFUNDABLE. Please allow 24-36 hours for approval, and if approved, you must make arrangements to sign a LEASE and pay deposit within 24-48 hours following approval. Your Security Deposit and 1st month's rent must be CASHIER'S CHECK or MONEY ORDER. All "tenant" Utilities MUST be in your name by your move in date – NO EXCEPTIONS.

TO BE COMPLETED BY APPLICANT: PRINT CLEARLY

First Name:	MI	Last:				
Date of Birth:	Social Security #:		Marital Status:			
Driver's License / ID #:	Ex	pires:	_ State Is:	sued:		
Current Address:		_ City:		State:	Zip:	
Home Phone:	Cell Phone:		Email:			
OTHER OCCUPANTS:						
Name:	Age:	Relationsh	ip:		_	
Name:	Age:	Relationsh	ip:		_	
Name:	Age:	Relationsh	ip:		_	
Name:	Age:	Relationsh	ip:		_	
EMPLOYMENT / INCOME:						
Current Employer:		Length of E	mploymer	nt:		
Supervisor:	Phone #:		Department:			
Gross income /per period: \$	NET: \$	Fred	ղuency:	Hr	ly Rate:\$	
Other Sources Income: Type:		Amount: \$ _		Frequency:		
Туре:		Amount: \$ _		Frequency:		
Previous Employer:		From	To	Phone #: _		
PRIMARY VEHICLE:						
Make / Model:	Color:	Year:	Tag#:	Sta	ate:	
	RELEASE AND AUTHORIZATION	ON TO VERIFY INFORM	ATION:			
I declare all of the foregoing true and cor or the Lessor's agent may terminate any information I have provided on Pages 1 &	LEASE agreement entered into	in reliance on any mis	statement w	ith regards to Ten	ant Application	
Applicant's Signature:			Date:			

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MONTHLY OBLIGATIONS: Credit Cards: \$	Child Support: \$	Alimony: \$	Alimony: \$		
Car: \$ Utilities: \$	Other:	\$			
LANDLORD REFERENCES:					
Current Landlord:		Phone #:			
Rent: \$ FF	ROM TO	Lease Expires:			
Is Rent Current?: YES NO Are You	u Being Evicted?: YES NO	Have you given proper notic	e?: YES NO		
Previous Landlord:		Phone #:			
Address:	City:	State:	Zip:		
Rent: \$ FF	ROM TO	Lease Expires:			
Did you leave on good terms?: YES NO	Comparts:				
Have you ever been evicted, b	een asked to leave a property,	or had an eviction filed? YES	NO		
PERSONAL REFERENCE: (Must be differen	nt than Emergency Contact)				
Name:	Phone:	Email:			
Address:	City:	State:	Zip:		
Relationship: Kr	nown how long?				
EMERGENCY CONTACT: (Contact should b	e someone who does NOT resi	de with you.)			
Name:	Home Phone:	Cell:			
Address:	City:	State:	Zip:		
Relationship: Kr	nown how long?				
Do you have any pets? YES NO He	ow many / what type:	PET AGREEME	NT REQUIRED		
Do you have / plan to obtain Renters Insur	y: #:	#:			
Have you ever been convicted of a crime,	other than misdemeanors or tr	affic violations? YES NO			
If YES, Explain / Date:					
Have you ever filed for Bankruptcy? YES	NO If YES, Explain / Date: _				
Former Name(s) / Maiden Name:					

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