



**INCOMPLETE/ILLEGIBLE INFORMATION WILL DELAY PROCESSING**

**APPLICATION INFORMATION  
PLEASE PRINT**

APPLICATION RECEIVED DATE:	_____
TIME:	_____

EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD

APPLICANT	LAST NAME	FIRST NAME	INITIAL	MAIDEN NAME	SOCIAL SECURITY NO.
CO-APPLICANT					

NAME OF ALL OTHER OCCUPANTS TO LIVE IN HOUSE	LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP

**PETS (DOGS, CATS, FISH, BIRDS, REPTILES, RODENTS, ETC.)**

TYPE	BREED	SIZE/WEIGHT	AGE	GENDER

**PRESENT OR LAST RESIDENCE**

ADDRESS:		APT. NO.	CITY	STATE	ZIP	WORK NO.
RESIDED FROM:	TO:	MONTHLY MORTGAGE PAYMENT \$		MONTHLY RENTAL PAYMENT \$		HOME NO.
NAME OF MORTGAGE CO. OR LANDLORD				LANDLORD'S WORK NO.		HOME NO.
REASON FOR MOVING					CURRENT LEASE ENDS	

**PREVIOUS (If at present residence less than two (2) years)**

ADDRESS:		APT. NO.	CITY	STATE	ZIP	WORK NO.
RESIDED FROM	TO:	MONTHLY MORTGAGE PAYMENT \$		MONTHLY RENTAL PAYMENT \$		HOME NO.
NAME OF MORTGAGE CO. OR LANDLORD				WORK NO.		HOME NO.
REASON FOR MOVING					CURRENT LEASE ENDS	

**EMPLOYMENT HISTORY**

**MILITARY:** Attach copy of latest Leave & Earnings Statement and/or Transfer Orders • **SELF-EMPLOYED:** Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C • **HOURLY/WEEKLY EMPLOYEES:** Attach copies of last years Form W-2.

Applicant(s) shall provide, if necessary, a salary key or authorization code if verification is to be obtained via an automated employment and salary verification service. If employer refuses to verify applicant's employment by phone, it shall become the responsibility of applicant to provide immediate written confirmation of such information.

<b>PRESENT EMPLOYMENT</b>	IF MILITARY- Rank/Rate	Branch	Length of Service
EMPLOYED BY:			EMPLOYED SINCE:
BUSINESS ADDRESS:		CITY	STATE ZIP PHONE
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK
SUPERVISOR NAME AND TITLE			PHONE

PLEASE INITIAL \_\_\_\_/\_\_\_\_





**INCOMPLETE/ILLEGIBLE INFORMATION WILL DELAY PROCESSING**

**PREVIOUS EMPLOYMENT (If with present employer less than one (1) year.)**

EMPLOYED BY:				EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE	
POSITION	SALARY \$	PER		NO. OF HOURS PER WEEK	
SUPERVISOR NAME AND TITLE				PHONE	

<b>CO-APPLICANT PRESENT EMPLOYMENT</b>	IF MILITARY-Rank/Rate	Branch		Length of Service
EMPLOYED BY:				EMPLOYED SINCE:
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE
POSITION	SALARY \$	PER		NO. OF HOURS PER WEE
SUPERVISOR NAME AND TITLE				PHONE

**CO-APPLICANT PREVIOUS EMPLOYMENT (If with present employer less than 1 year)**

EMPLOYED BY:				EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE	
POSITION	SALARY \$	PER		NO. OF HOURS PER WEEK	
SUPERVISOR NAME AND TITLE				PHONE	

**APPLICANT/CO-APPLICANT OTHER INCOME**

\$	PER	SOURCE:
* Applicant need not disclose alimony, child support or separate maintenance income or its source, unless applicant wishes it to be considered for the purpose of the application for tenancy.		CONTACT #

**BANK REFERENCES**

**FINANCIAL HISTORY**

BANK NAME	SAVINGS/CHECKING/OTHER	ACCOUNT NUMBER	CURRENT BALANCE \$

**MONTHLY PAYMENTS (Payments of 3 mos. or more duration, e.g., Auto, Mortgage, Alimony, Dependent, Support, Taxes, Garnishment, Etc.)**

TO:	FOR	BALANCE	MONTHLY PAYMENT \$



**INCOMPLETE/ILLEGIBLE INFORMATION WILL DELAY PROCESSING**

HAS APPLICANT EVER FILED FOR BANKRUPTCY?	DATE FILED _____	DATE GRANTED _____	WHERE FILED?
HAS APPLICANT EVER BEEN EVICTED OR HAD JUDGEMENT ISSUED AGAINST HIM/HER?			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST APPLICANT/CO-APPLICANT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS APPLICANT HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE PAST SEVEN YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS APPLICANT PARTY TO A LAWSUIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS APPLICANT OBLIGATED TO PAY ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS APPLICANT A CO-MAKER OR ENDORSER ON A NOTE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF APPLICANT ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH EXPLANATION.			

**ADDITIONAL INFORMATION**

NUMBER AND DESCRIPTIONS OF AUTOMOBILES, MOTORCYCLES, VANS, TRUCKS, TRAILERS, CAMPERS, RV's, BOATS, COMMERCIAL VEHICLES, ETC.

MAKE	MODEL	YEAR	COLOR	STATE	LICENSE NUMBER

**WATERBED**

DO YOU OWN OR PLAN TO PURCHASE A WATERBED?  YES  NO

\* Requires owner approval and waterbed insurance

**HOBBIES**

**EMERGENCY CONTACT NOT LISTED ABOVE**

NAME	PHONE	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP

Contingencies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(This application may not be processed until contingencies are agreed to or removed.)

IF WE REPRESENT THAT THE PREMISES SHALL NOT BE USED FOR ANY ILLEGAL OR RESTRICTED PURPOSE(S) AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

IF WE HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY

\_\_\_\_\_  
**APPLICANT** **DATE**  
 APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION

\_\_\_\_\_  
**CO-APPLICANT** **DATE**  
 APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION

\_\_\_\_\_  
**CELL PHONE** (OR BEST NUMBER TO BE REACHED)

\_\_\_\_\_  
**CELL PHONE** (OR BEST NUMBER TO BE REACHED)



IF ACCEPTED THIS APPLICATION BECOMES A PART OF THE LEASE