

# RENTAL APPLICATION

Property Name: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

Lease Start: \_\_\_\_\_

Lease End : \_\_\_\_\_

Rent Amount: \$ \_\_\_\_\_ /mo

Security Deposit: \$ \_\_\_\_\_

Pet Fees:\$ \_\_\_\_\_ /mo

Pet Deposit: \$ \_\_\_\_\_

Parking Spots: \_\_\_\_\_

Amenity Fee: \$ \_\_\_\_\_

Parking Fees: \_\_\_\_\_ /mo

Other Fee(s): \$ \_\_\_\_\_

Total Monthly: \$ \_\_\_\_\_

Application Fee: \$ 10.00/Application

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

Total One-Time: \$ \_\_\_\_\_

Time Received: \_\_\_\_\_



Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete entire application thoroughly, providing additional data as needed.

**All applicants 18 years of age and older must complete their own application and provide a current government issued photo ID when applying. Each Application requires a \$10 application payment, which needs to be provided with the completed application. Cash will not be accepted.**

## Section A: Applicant Information [List all persons to occupy unit]

Full Name [Last, First, Middle Initial]	Relationship	Social Security # [for applicants 18 years and older]	Date of Birth [for credit report access only]	Gender	Government Issued ID [number and agency/state issued]
	Applicant		/ /		
			/ /		
			/ /		
			/ /		
			/ /		

## Section B: Applicant's Housing History [include two most recent references, must cover at least two years]

### PRESENT

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Resided Here [month/year]: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

### PREVIOUS

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Resided Here [month/year]: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



**Section C: Applicant Income Information**

[Income must be earned in a verifiable, consistent amount, and from lawful source]

Type of Income [employment/other]	Company & Position [address, phone, supervisor, employed since]	Household Member	Gross Monthly Salary

**Section D: Miscellaneous**

**EMERGENCY CONTACT** [Other than persons listed on the application, please list someone in the immediate area if possible]

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**VEHICLE INFORMATION**

Does the applicant intend to bring a vehicle to the applied-for apartment?  Yes  No

If Yes, Year/Make: \_\_\_\_\_

License Plate: \_\_\_\_\_

Year/Make: \_\_\_\_\_

License Plate: \_\_\_\_\_

**PET INFORMATION**

Does the applicant intend to bring any pets to the applied-for apartment?  Yes  No

If Yes, Type: \_\_\_\_\_

How Many: \_\_\_\_\_

Weight [in lbs]: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE PROPERTY?** \_\_\_\_\_

The undersigned certify that the information and statements provided in this application are true and complete to the best of my knowledge and belief. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I agree to provide verification of all income and assets as required by the Owner or its agent.

**This property uses a third party scoring model to screen credit and criminal history and the scoring parameters are subject to change. By completing this application and signing below, applicants grant Owner and its agents permission to confirm the above information supplied, as well as run criminal and credit background checks. The information obtained will only be used for determining eligibility in applicable housing programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.**

**EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST SIGN AND DATE BELOW**

Applicant Signature: \_\_\_\_\_

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

Household Signature: \_\_\_\_\_

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

Household Signature: \_\_\_\_\_

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

Household Signature: \_\_\_\_\_

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

**OFFICE USE ONLY:**

Decision: \_\_\_\_\_

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

Time: \_\_\_\_\_



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