



APPLICATION RECEIVED ON _____

RESIDENTIAL RENTAL APPLICATION

_____, (together with all adult occupants as referred to herein, collectively, "APPLICANT") hereby makes application to Owner (hereinafter "Owner") for the lease of Address:

ADDRESS: _____

Beginning on (Date): _____, for the monthly rent of \$ _____ payable in advance on the first day of each month.

Lease term requested: _____ months.

It is understood that the Premises are to be used as a residential dwelling to be occupied by none other than those ___ persons listed in this application. Occupancy is subject to possession being delivered by the present occupant. Any and all personal property placed in the Premises shall be at the Applicant's risk and the Applicant shall insure the same.

APPLICATION IS BEING MADE FOR THE PREMISES IN ITS PRESENT CONDITION, UNLESS OTHERWISE INDICATED.

This Application consists of four pages, The truth of the information contained herein is essential, and if the landlord/owner or owner's designated agent deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at option of the landlord/owner or owner's designated agent.

NON-REFUNDABLE RENTAL PROCESSING FEE in the amount of \$35.00 FOR EACH ADULT APPLICANT is included with this Application. All adult occupants must be processed and be a party to the lease. A portion or all of these application processing fees are refundable only if the landlord/owner or owner's designated agent elects not to process the Application. The application process may take up to seven (7) working days to complete after it is received. The applicant hereby waives any claim for damages by reason of non-acceptance of this Application which the landlord/owner or owner's designated agent may reject.

1. Occupancy of residences shall conform to applicable zoning laws; applicable by-laws, and/or property owners' association rules and regulations.

2. The landlord/owner can furnish a copy of the Lease form to the applicant for review. When Applicant receives notification of approval from the landlord/owner or owner's designated agent, the Applicant agrees to execute a lease in accordance with the terms of the Application. The landlord/owner or owner's designated agent reserves the right to rescind acceptance and resume marketing until lease ratification. The Applicant(s) agree to apply for all utilities/services before taking occupancy of the leased premises and agree to pay for all applicable utilities/services, i.e. electricity, gas, water, sewer, fuel, refuse, and will pay necessary deposits.

3. A SECURITY DEPOSIT equal to 1 full month's rent (unless otherwise agreed upon) is due and payable to the Landlord/owner on or before the effective date of the lease.

4. PLEASE NOTE: A fee of \$50.00 will be charged for each check returned for Non-Sufficient Funds (NSF).

The Applicant(s) hereby authorize landlord/owner and/or owner's designated agent and any credit bureau or other investigative agency employed by such firm, to investigate and to report and disclose to the landlord/owner or owner's designated agent the results of the references herein listed, statements and other data obtained from any other person pertaining to credit, employment, rent history and financial responsibility or criminal record of the Applicant(s). Applicant(s) hereby authorize the references herein listed, to disclose or report any information requested by landlord/owner or owner's designated agent.

**Applicant Information**

Each Adult (18 years of Age or older) must be included on the Lease and Must fill out a Separate Application. Required fields are marked with a "*".

*First Name _____ *Last Name _____

Middle Initial _____ Maiden Name _____ *Social Security Number _____

*Home/Cell Phone _____ *Date of Birth _____

Work Phone _____ Email Address _____

18 AND OVER OCCUPANTS		Names of all other occupants 18 and over to live in the property		
Last Name	First Name	Initial	Relationship	Social Security Number

UNDER 18 OCCUPANTS		Names of all occupants under the age of 18 to live in the property		
Last Name	First Name	Initial	Relationship	Social Security Number

PETS		Pets - Dogs, Cats Fish, Birds, Reptiles, Rodents etc.		
Number	Type/Breed	Size/Weight	Age	Gender

***Present or Last Residence (required)**

*Street Address _____ *City, State, Zip _____

*Resided From _____ *Resided To _____

*Monthly Payment _____ *Current lease end date _____

*Mortgage Company or Name of Landlord _____

*Landlord's Daytime Phone _____ Landlord's Evening Phone _____

Landlord Fax Number _____ Landlord's email address _____

Reason for moving _____

Previous Residence – this section is required If current residence is less than 4 years

Street Address _____ City, State, Zip _____

Resided From _____ Resided To _____

Monthly Payment _____ Current lease end date _____

Mortgage Company or Name of Landlord _____

Landlord's Daytime Phone _____ Landlord's Evening Phone _____

Landlord Fax Number _____ Landlord's Email Address _____

Reason for moving _____

**PRESENT
EMPLOYMENT**

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 year's 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.

*Employed By _____ *Employment Start Date _____

*Business Address _____

*City, State, ZIP _____

*Position _____ *Number of Hours Worked Per Week _____

*Salary \$ _____ *Per _____ The Work Salary Key Code _____

*HR/Payroll Contact Name _____ *HR/Payroll Contact Phone Number _____

If Military – Rank Rate _____ Branch _____ Length of Service _____ Date of Separation _____

**PREVIOUS
EMPLOYMENT**

If current employment is less than 2 years

Employed By _____ Employment Start Date _____

Business Address _____

City, State, ZIP _____

Position _____ Number of Hours Worked Per Week _____

Salary \$ _____ Per _____ The Work Salary Key Code _____

HR/Payroll Contact Name _____ HR/Payroll Contact Phone Number _____

If Military – Rank Rate _____ Branch _____ Length of Service _____ Date of Separation _____

OTHER INCOME

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.

Amount		Per		Source		Contact Phone	
Amount		Per		Source		Contact Phone	

**FINANCIAL
HISTORY**

Financial Institution	Type of Account	Account Number	Current Balance

**MONTHLY
PAYMENTS**

Payments of 3 mos. or more duration, e.g., Auto, Mortgage, Alimony, Dependent, Support, Taxes, Garnishment, Etc.

Payments Made To	Purpose of Payment	Balance	Monthly Payment Amount \$

**OTHER FINANCIAL INFORMATION**Has Applicant ever
filed Bankruptcy?

YES NO

Date Filed

Date Granted

Date of Discharge

Has Applicant ever been evicted or had
judgment issued against him/her?

YES NO

Are there any outstanding judgments against Applicant?

YES NO

Has Applicant had property foreclosed upon or given title or
deed in lieu thereof in the past seven (7) years?

YES NO

Is Applicant party to a lawsuit?

YES NO

Is Applicant obligated to pay alimony,
child support, or separate maintenance?

YES NO

Is Applicant a co-maker or endorser on a note?

YES NO

If Applicant answered "Yes" to any of the above questions, Please provide explanation below.

VEHICLESNumber and descriptions of Automobiles, Motorcycles, Vans, Trucks, Trailers,
Campers, RVs, Boats, Commercial Vehicles, etc.

Make

Model

Year

Color

State

License Number

OTHER INFORMATIONDo you own or Plan to Purchase a Waterbed?
(Requires owner approval and waterbed insurance.)

YES NO

EMERGENCY CONTACT WHO DOES NOT RESIDE WITH YOU

Name

Contact
Phone

Relationship

Address

City, State, Zip

CONTINGENCIES

This application cannot be processed until contingencies are agreed to or removed.

I/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.I/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.

If accepted this application becomes a part of the lease.

Signature _____ Date _____

Each adult (18 years of age or older) must be included on the lease and must fill out a separate application.