## RENTAL APPLICATION Equal Housing Opportunity

The undersigned hereby makes an application to rent	unit #	located at: 
Anticipated move date ofat a resecurity deposit of \$	monthly rent of \$	and
PLEASE TELL US ABOUT YOURSELF		
Full Name		
Date of Birth	Social Security #	
Email Address:	(option	nal)
Other Phone ( )		
Co-Applicant NameCo-Applicant Date of Birth	Social Security #	
Names of Dependents	Coolar County // _	
Names of Dependents Dependents Date of Birth		
List All Pets		
PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YE	ARS)	
Current AddressStateZip	_Apt#	
Month/Year Moved In		
Reasons for Leaving	Rent \$	
Owner/Agent		<b>-</b>
Phone ( )		
Previous Address (last 3 vars)		
Rent \$		
Rent \$ Owner/Agent Phone ( )		<del></del>
Priorie ( )		
PLEASE DESCRIBE YOUR CREDIT HISTORY		
Have you declared bankruptcy in the past seven (7)	Yes	No
years?		
Have you ever been evicted from a rental residence? Have you had two or more late rental payments in the		_No
past year?	Yes	_No
Have you ever willfully or intentionally refused to pay rent when due?	Yes	No
PLEASE PROVIDE YOUR EMPLOYMENT INFORMA	TION	
Your Status:Full TimePart TimeS		ployed
Employer		
Dates employed		
Employed as		
Supervisor Name		_
Phone ( )		
Salary \$per (If employed by above less than 12 months, give name	& nhone of previou	is employer or school
op.o.jod by abovo 1000 than 12 months, give name	. S. priorio di piovido	as simpleyor or solloo

If you have other sources of income that you would like us to consider, please list income, source,

and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$Source/Contact:				
Godi Go, Gorildot.				
PLEASE LIST YOUR REFERENCE	ES			
Banking Accounts: Name				
Type of Account	Account Number			
Name	Account Number			
Type of Account	Account Number			
Personal Reference or Emergenc	y Contact:			
Name	-			
Address	_Relationship			
Phone	_ Relationship			
Driver's License:				
Your Driver's License Number	State			
Vehicle Information:	Voor			
Make / Model License Plate State				
Liconico i lato etato	<del></del>			
ADDITIONAL INFORMATION:				
Please give any additional information that might help owner/management evaluate this				
application?				
Where may we reach you to discus-	a this application?			
Where may we reach you to discuss	s this application?			
Day Phone # ( )				
, ,				
Night Phone # ( )				
	escribed premises for the term and upon the set conditions ental is to be payable the first day of each month in advance.			
	he property and to the agent to accept this application. I			
	et forth are true; however, should any statement made above			
be a misrepresentation or not a true	e statement of facts, all of the deposit will be retained to offset			
the agent's cost, time, and effort in p	processing my application.			
I hereby deposit \$ as	earnest money to be refunded to me if this application is not			

accepted in 3 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for \_\_\_\_\_\_ months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason off non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please		
sign: X	Name of Applicant	Date
	AUTHORI Release of II	
	an investigation of my credit, tenang an apartment with this owner/	ant history, banking and employment for the manager.
Name (please pr	int)	<del></del>
X		
Signature		Date
ADDI ICANT. D	LEASE DO NOT WRITE BELOW	/ (EOD OFFICE LISE ONLY)
APPLICANT. P	LEASE DO NOT WRITE BELOW	FOR OFFICE USE ONLT
Deposit of \$ Date		
OFFICE NOTES		