

RENTAL APPLICATION

Each applicant over 18 years of age must submit a separate application. A legally married couple may submit a joint application. **Please print clearly.**

ABOUT YOU: Full name <u>exactly</u> as it appears on drivers license or government ID:						
Last Name:		First Name:		Middle Name:		
Address as it appears on drivers license or ID: ADDRESS:			CITY/ST/ZIP:			
Drivers license # and ST:						
Former last names (maiden and married):						
Social Security #:						
Birth date: (mm/dd/yyyy)		Sex:	Height:	Weight:	Eye color:	Hair color:
Marital Status: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED						

YOUR SPOUSE: Full name <u>exactly</u> as it appears on drivers license or government ID:						
Last Name:		First Name:		Middle Name:		
Address as it appears on drivers license or ID: ADDRESS:			CITY/ST/ZIP:			
Drivers license # and ST:						
Former last names (maiden and married):						
Social Security #:						
Birth date: (mm/dd/yyyy)		Sex:	Height:	Weight:	Eye color:	Hair color:

CURRENT ADDRESS:	
Address (where you now live): _____	
City/ST/Zip: _____	
Home phone #: (____) _____	Current monthly rent/mortgage: \$ _____
Name of apartment: _____	
Name of manager/owner: _____	
Their phone #: (____) _____	Date moved in: _____
Why are you leaving your current residence? _____	

PREVIOUS ADDRESS:

Previous address: _____
City/ST/Zip: _____
Name of Apartment: _____
Name of Manager/Owner: _____
Their phone #: (_____) _____ Previous monthly rent/mortgage: \$ _____
Date you moved in: _____ Date you moved out: _____

EMPLOYMENT:

Present employer: _____
Address: _____
City/ST/Zip: _____
Phone #: (_____) _____
Position: _____
Gross monthly income: \$ _____ Date you started: _____
Supervisor's name and phone number: _____

PREVIOUS EMPLOYMENT:

Previous employer: _____
Address: _____
City/ST/Zip: _____
Work phone #: (_____) _____
Position: _____
Gross monthly income: \$ _____ Dates of employment: _____
Supervisor's name and phone number: _____

SPOUSE'S EMPLOYMENT:

Present employer: _____
Address: _____
City/ST/Zip: _____
Work phone #: (_____) _____
Position: _____
Gross monthly income: \$ _____ Date you started: _____
Supervisor's name and phone number: _____

RENTAL/CRIMINAL HISTORY: Have you, your spouse or any occupant ever:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | been evicted or asked to move out? |
| <input type="checkbox"/> | <input type="checkbox"/> | broken a rental or lease agreement? |
| <input type="checkbox"/> | <input type="checkbox"/> | been sued for nonpayment of rent? |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted or received deferred adjudication for a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | been arrested for a felony which has not been adjudicated by dismissal, acquittal or conviction? |
| <input type="checkbox"/> | <input type="checkbox"/> | declared bankruptcy? |

Please indicate year, location and charge of any felony. Indicate year and location of any eviction:

OTHER OCCUPANTS: Names of all persons under the age of 18 and other adults who will occupy the unit without signing the lease:

Name: _____ Relationship: _____

Sex: _____ Birth date: _____ Social Security #: _____ DL/ID #: _____

Name: _____ Relationship: _____

Sex: _____ Birth date: _____ Social Security #: _____ DL/ID #: _____

Name: _____ Relationship: _____

Sex: _____ Birth date: _____ Social Security #: _____ DL/ID #: _____

Name: _____ Relationship: _____

Sex: _____ Birth date: _____ Social Security #: _____ DL/ID #: _____

VEHICLES: List all vehicles to be parked by you, your spouse, or any occupant: including cars, trucks, motorcycles, trailers, etc.

Make of vehicle: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

Make of vehicle: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

Make of vehicle: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

Make of vehicle: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

OTHER INFORMATION:Will you or any occupant have a pet? Yes No

Kind, weight, breed, age: _____

Do you or any occupant smoke? _____

How were you referred? Stopped by Internet Rental guide (Name): _____ Rental agency/Locator (Name): _____ Friend (Name): _____ Newspaper: (Name) _____ Other: _____**EMERGENCY CONTACT:** Emergency contact person over 18 who will not be living with you:

Name: _____

Address: _____ City/ST/Zip: _____

Work phone #: (_____) _____ Home phone #: (_____) _____

Relationship: _____

If you are seriously ill, missing, in jail or penitentiary, according to an affidavit of the above person, or if you die, you authorize (check one or more): the above person; your spouse; your parent; your child to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, you authorize any of the above at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not legally obligated to do so.

All of the statements are true and complete.**I authorize DataTrace to obtain a copy of my credit report from any consumer credit reporting agency.****I give permission to my current and former employers to release any information about my employment and income.****I give permission to my current and former leaseholders to release any information about my rental history.**_____
Applicant's signature_____
Date_____
Spouse's signature_____
Date**FOR OFFICE USE ONLY**

Property address: _____ Unit #: _____

Anticipated move in date: _____ Monthly rent: \$ _____ Security deposit: \$ _____