

APPLICATION TO RENT Complete separate application for each adult tenant.



State	Name:	Social Security #:						
Home Phone (Rinthda	to			
Email: CURRENT Address: STREET To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving PREVIOUS Address: STREET Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET Last Rent Paid: Month Amt. \$ Dwner/Manager To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: STREET Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: Dwner/Manager Tel: Reason for Leaving CURRENT EMPLOYMENT Company Name Address Dates of Employment-From: To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address Phone Occupation/Position Type of Business Name of Supervisor Dates of Employment-From: To: Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Date: Applicant represens that the statements made are true and correct and authorizes Owner's verification of credit, income and references, and APPLIC MONTHLY SERVICES AND AGRISS THAT ANY MISRIPPRISENTATION AND/OR OMISSION IS GROUNDS FOR FYICTION. Applicant or pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consider for Application pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes applicate in housing accommodations designed in several pays of the payment, I agree to pay the first month. Thereby apply to rent/lease Apartment No. Tel: To: Last Rent Paid: Amt. \$ Applicant charles of Employment From: To: Monthly Salary To: Monthly Salary Monthly Salary To: Monthly Salary To: Monthly Salary To: Monthly Salary To: Applicant charles of Employment From: To: Monthly Salary To: Monthly Salary To: Monthly Salary To: Monthly Salary To: Monthly	Dilver's Lic./ID #.		State	Birtilda	MONTH — E	DAY — YEAR		
Address: STREET LINT # CITY STATE ZP				Cell Phon	e ()			
How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving PREVIOUS Address: STREET UNIT CITY STATE ZP- How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: SIREET UNIT CITY STATE ZP- How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: SIREET UNIT CITY STATE ZP- How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving CURRENT EMPLOYMENT Company Name Address Company Phone Occupation/Position Type of Business Name of Supervisor Dates of Employment - From: To: Monthly Salary PREVIOUS EMPLOYMENT Company Name Address Dates of Employment - From: To: Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Date: Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLIC UNDERSTANDS AND ACREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant op pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application conside if Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes applicatent housing accommodations designated as: I hereby apply to rent/lease Apartment No. at Lors Previous American Supplication and signed Rental Agreement, Lagree to pay the first muchos; Library Day Process Apartment No. at Library D	CURRENT Address:							
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Address: STREET	How Long? From (Month/Year):	To:	Last Rent Paid: Month		Amt. \$			
Address:	Owner/Manager	Te	l: Reas	son for Leaving_				
How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving SECOND PREVIOUS Address: Tel: Reason for Leaving STREET UNIT # CITY STATE How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$ Dwner/Manager Tel: Reason for Leaving	PREVIOUS							
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Address: STREET		161	I\eason	ioi Leaving				
HowLong? From (Month/Year):To:LastRent Paid: MonthAmt. \$ Dwner/ManagerTel:Reason for Leaving	SECOND PREVIOUS							
CURRENT EMPLOYMENT Company Name	STREET		UNIT# C	CITY	STATE	ZIP		
CURRENT EMPLOYMENT Company Name	How Long? From (Month/Year):	To:	Last Rent Paid: Month_		Amt. \$			
Company Name	Owner/Manager	Te	I: Reasor	n for Leaving				
Company Name	CURRENT EMPLOYMENT							
Company PhoneOccupation/PositionTo:Monthly Salary			Address					
Name of Supervisor								
PREVIOUS EMPLOYMENT Company Name Address Phone Occupation/Position Type of Business Name of Supervisor Dates of Employment - From: To: Monthly Salary WHEN DO YOU PLAN TO MOVE IN? Date: Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICUNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant or pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application conside if Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes applicatent housing accomodations designated as: I hereby apply to rent/lease Apartment No at		•						
Company Name	•							
PhoneOccupation/PositionType of Business	Company Name		Address					
Name of Supervisor	• •							
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	If Applicant pays by a personal		, apprent stati be hable for the	3	3	11		
rent of \$ and a security deposit in the amount of \$	f Applicant pays by a personal ent housing accomodations des	signated as:		J				
	If Applicant pays by a personal rent housing accomodations des	signated as: ase Apartment No	at					
	If Applicant pays by a personal rent housing accomodations des	signated as: ase Apartment No. per month and upon appr	ata	igned Rental Agree				

For purpo	oses of credit & rent liabili	ty only: LIST ALL ADD	ITIONAL ADUL	TS AND CHILDREN WHO WIL	L OCCUPY UNIT. Please put
for full time	e or "P" for part time after each	name.			
If this	box is checked there sha	II be no additional occ	cupant(s).		
Name			Age	Relationship	
Name			Age	Relationship	
Name			Age	Relationship	
Name			Age	Relationship	
ADDITIO	NAL INFORMATION				
1. Have y	ou ever had any credit prol	olems? Tyes No			
_	ou ever had an unlawful de	* .			
	you ever been evicted for no		or any other reas	son?	
-	ou ever filed bankruptcy? ou ever been convicted of		n		
•		. – –		Describe:	
•	u be using any water-filled	_	•		
If Yes,	, do you have insurance co	verage? Tyes No			
8. Do you	have any musical intruments	s? Tyes No If yes, w	hat kind		
9. Do you	ı smoke? Tyes No	Does any other propose	ed occupant smo	oke? Tyes No	
10. Pleas	se explain any "YES" ans	swers.			
BANKING	G INFORMATION				
Name of I	Bank/S&L/Credit Union			Branch or Address	
Checking	#:	Approx. Bal	Saving	s #:	Approx. Bal
Name of	Bank/S&L/Credit Union _			Branch or Address	
Checking	#:	Approx. Bal	Saving	s #:	Approx. Bal
Other so	ources of income				
CREDIT I	REFERENCES (Credit Ca	rds/Car Payments/Oth	er Loans)		
Company	/ Name		Address	s/City:	
				Monthly	
				s/City:	
				Monthly	
				City:	
				Monthly	
				s/City: Monthly	
		11000	nt Balarioo	Working	
	ENCY CONTACT				
Kelations	:nip			Phone ()	
	ES (Operable Automobiles	_	-		
Are you th	ne registered owner? Tyes	No If not who?			
Year	Make	Model	Color	License #	State
Vear	Make	Model	Color	License #	State