

RENTAL APPLICATION

Type of Apartment Desired _____ Date Occupancy Requested _____
Prospective Rent _____ Lease Term _____ Complex _____
APPLICANT _____ SOCIAL SECURITY NO. _____ Date of Birth _____
SPOUSE/OTHER _____ SOCIAL SECURITY NO. _____ Date of Birth _____
TO BE WED _____ SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED _____ DIVORCED _____
PERSONS TO OCCUPY APARTMENT 1. _____ Relationship _____ Date of Birth _____
OTHER THAN LESSEE
NO OTHER PERSONS WILL BE PERMITTED 2. _____ Relationship _____ Date of Birth _____
TO LIVE ON PREMISES 3. _____ Relationship _____ Date of Birth _____

LIST AT LEAST TWO YEARS PAST EMPLOYMENT

EMPLOYMENT-APPLICANT	EMPLOYMENT-SPOUSE/OTHER
Employer _____ Position _____	Employer _____ Position _____
Address _____	Address _____
Supervisor _____	Supervisor _____
Approximate Income \$ _____ WK. MO. YR.	Approximate Income \$ _____ WK. MO. YR.
How Long _____ Business Phone _____	How Long _____ Business Phone _____

FORMER EMPLOYER AND ADDRESS

OTHER INCOME _____ SOURCE _____ AMT \$ _____
Do you have any special needs? _____

LIST AT LEAST TWO (2) YEARS PAST RESIDENCY

PRESENT HOME ADDRESS _____ ZIP _____
LENGTH OF TIME _____ OWNS () RENTS () Do You Have A Lease? _____ Expires When? _____
NAME OF OWNER OR MORTGAGE HOLDER _____ TELEPHONE NO. _____
MONTHLY RENTAL OR MORTGAGE PAYMENT \$ _____
Previous Address/Owner _____
Have You Ever Been Evicted/Foreclosed From Any Premises? _____ If Yes, Explain: _____

CREDIT

MAKE OF CAR(S) _____ YEAR(S) _____ FULLY PAID YES _____ NO _____
LICENSE PLATE NUMBER _____ COLOR _____
IF NOT FULLY PAID-MAKING PAYMENTS TO _____ MONTHLY PAYMENTS \$ _____
ADDRESS _____ PHONE NO. _____
BANKING: Name of Bank _____ Branch _____ Checking Savings
Name of Bank _____ Branch _____ Checking Savings
PERSONAL 1. _____ Phone _____
REFERENCES 2. _____ Phone _____
(Other Than Relatives 3. _____ Phone _____
Or Employers)
NEAREST RELATIVE (Other Than Husband or Wife) - WHO TO REACH IN AN EMERGENCY:
Name _____ Relationship _____ Phone _____
Address _____ City/State/Zip _____

FALSE INFORMATION GIVEN ON AN APPLICATION IS IN ITSELF GROUNDS FOR REFUSAL OF THE APPLICATION OR TERMINATION OF TENANCY

I understand this application guarantees no right to an apartment until such time as this application is accepted.
I will deposit _____ Dollars as a deposit to hold the apartment until the prearranged date.
If for any reason management decides to decline my application, Management will refund this deposit in full within 45 days from date of notification. If this application is approved and I fail to occupy the premises on the agreed date, Management may at its option assess damages against the deposit for the amount of rental lost or any expenses incurred due to my cancellation.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize all persons or entities listed herein above to release any information in their possession known to them, concerning me. A copy of this application shall serve as the authority for the release of any of said information. I further authorize Tenant Check, LLC., its employees and agents to make such inquiries as may be deemed necessary for action and determination upon this application.

Date _____ (Applicant)
Home Phone _____ (Applicant)
Work Phone _____ (Applicant)