

Management Company Letterhead

RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your tenant application may be delayed or rejected.

1. Applicant's Name			Social Security No.	Home Phone ()
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address (If at present address for less than 2 yrs.)	City	State	Zip Code	No. of Years at Former Address
4. Names and Ages of Other Persons in Household				
5. Name and Address of Employer			Type of Business	Self employed? Yes No
Business Phone Number ()	Position/Title		No. of Yrs on Job	Years in this line of work
6. Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Years With Previous Employer	Business Phone ()
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1. Co-Applicant's Name			Social Security No.	Home Phone ()
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address (If at present address for less than 2 yrs.)	City	State	Zip Code	No. of Years at Former Address
4. Name and Address of Employer			Type of business	Self-employed? Yes No
Business Phone Number ()	Position/Title		No. of Yrs on Job	Years in this line of work
5. Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Years With Previous Employer	Business Phone ()

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members 18 Years or Older	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other:				
TOTAL:				_____

STUDENT INCOME

Are there any Full-time students residing in the household?	YES	NO
If yes, is there any income received for tuition and other expenses?	YES	NO
If yes, please list all sources and amounts:		
Source	Amount per term	

ASSETS

Assets	Cash Value	Income from Assets	Name of Financial Institution	Account Number
Checking Account	\$	\$		
	\$	\$		
Savings	\$	\$		
	\$	\$		
Credit Union	\$	\$		
	\$	\$		
Prepaid Debit Cards	\$	\$		
Mutual Funds	\$	\$		
Stocks/Bonds	\$	\$		
Other:	\$	\$		

APPLICANT'S CERTIFICATION

By signing this application, you, the applicant, agree that the information disclosed in this application is true, complete and correct, to the best of your knowledge. If it is determined that you have provided false information, it is grounds to deny residency.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____