

Application to Rent

Individual application required from each occupant 18 years of age or older, with all sections completed.

Last Name		First Name		Middle Name		Social Security Number	
Date of Birth		Driver's License Number		State Exp. Date		Home Phone Number ()	
Cell Phone Number ()		Work Phone Number ()		Email Address			
Present Address				City		State Zip	
Date In	Date Out	Owner/Manager Name		Owner/Manager Phone Number ()			
Monthly Rent		Reason for Moving					
Previous Address				City		State Zip	
Date In	Date Out	Owner/Manager Name		Owner/Manager Phone Number ()			
Monthly Rent		Reason for Moving					
Prior Address				City		State Zip	
Date In	Date Out	Owner/Manager Name		Owner/Manager Phone Number ()			
Monthly Rent		Reason for Moving					
List All Proposed Occupants in Addition to Yourself		Name		DOB	Name		DOB
		Name		DOB	Name		DOB
Present Occupation		Salary \$		week month	Employer Name		
How long with this employer?		Phone Number ()		Employer Address			
Name of your supervisor				City		State Zip	
Prior Occupation		Salary \$		week month	Employer Name		
How long with this employer?		Phone Number ()		Employer Address			
Name of your supervisor				City		State Zip	
<p>Applicant represents that the statements above and on the reverse of this form are true and correct and hereby authorizes verification of items including, but not limited to the obtaining of tenancy and credit reports and agrees to furnish additional credit references or other information upon request. Applicant certifies under penalty of perjury that the foregoing is true and correct, and authorizes owner or his agents to obtain applicant's tenancy, credit and criminal history reports, and further authorizes owner and his agents to investigate the information provided herein, and to make further inquiry and review as necessary. Applicant acknowledges that owner shall rely on the information provided herein, and that any material misstatement will at owner's option be a material and non-curable breach of any subsequent rental agreement and grounds for immediate eviction.</p>							
Date _____				Applicant _____			



Account Number		Name of Your Bank		Branch or Address	
Checking					
Savings					
Name of Creditor	Address		Phone Number		Mo. Pmt. Amt
1.			()		\$
2.			()		\$
3.			()		\$
In case of emergency, notify			Relationship		
Address		City	State	Zip Code	Phone Number ()
Personal References				Phone Number	
1.				()	
Address		City	State	Zip	
2.				()	
Address		City	State	Zip	
3.				()	
Address		City	State	Zip	
Have you ever been party to a lawsuit? ____ Describe: _____ Liquid filled furniture? ____ Describe: _____ Have you ever filed bankruptcy? ____ Describe: _____ Will you have pets? ____ Describe: _____ Have you ever been evicted or asked to move? Describe: _____ Have you ever been convicted of a crime against persons or property? Describe: _____ Have you ever used other names? ____ If so, list _____					
Automobile: Make _____ Model _____ Year _____ License No. _____ State _____ Automobile: Make _____ Model _____ Year _____ License No. _____ State _____					
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Date _____ Applicant _____					





AUTHORIZATION FOR RELEASE OF INFORMATION

I warrant and represent the information provided on this application to be true and correct. The applicant understands that, if accepted, the subsequent discovery of a false or misleading statement during the application process is grounds for termination of the rental agreement by a 3 day notice to quit. The management company, the owners of the rental premises, and/or its contractors, or agents, hereinafter referred to as "the management", are hereby authorized to make any investigation of my consumer and/or commercial credit, employment, rental, litigation, unlawful detainer history and criminal history and records as they may deem appropriate in connection with this application of the subject rental premises and extension of credit. I release all parties from liability for any damage that may come from furnishing such information. I understand and further acknowledge that the management and their contractors and agents make no warranty or representation, express or implied, regarding the completeness, accuracy or content of any such information received, assembled, compiled, summarized or reported back from any such third party source to the management and/or to the applicant. I further authorize the management to periodically run related inquires both during and for a reasonable time following the term of any rental or lease period, for the purpose of assessing the applicant's continuing rental/leasing verifications and to assist in the collection of any unpaid balances due the management. This form may be photocopied or reproduced as necessary by the management and/or its contractors and agents to be used as my consent to release credit, rental, financial, personal, commercial, litigation, business and other personal history.

Applicant

Date

Applicant

Date

Applicant

Date

Applicant

Date