

# RENTAL APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.  
Applicant understands this is a Non-Smoking Complex

Applicants full name \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Landlords Name \_\_\_\_\_ Landlords Phone # \_\_\_\_\_

How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_

How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Auto Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State/License Plate # \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Phone # \_\_\_\_\_ How long at job \_\_\_\_\_ Other income/source \_\_\_\_\_

Employers Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you ever been party to an eviction?  Yes  No

Name of bank \_\_\_\_\_ Branch \_\_\_\_\_ Type of Account \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch \_\_\_\_\_ Type of Account \_\_\_\_\_

## Personal References

Name \_\_\_\_\_ Yrs. Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Yrs. Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Yrs. Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Total number of adults \_\_\_\_\_ Total number of children living with you under the age of 18 \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Person with phone number \_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and fax back to: 518-207-1917 *or 518 724 5801*