



How did you hear about us?

- Drive By
- Referred By _____
- Online: _____

Incomplete Applications Will Not Be Processed

Resident Information:

Last Name: _____ First Name: _____ Middle Name: _____
Phone Number: _____ Email Address: _____
Date of Birth: _____ Social Security Number: _____
Driver's License / State ID Number: _____ State Issued: _____

Additional Occupant/s:

Name: _____ Date of Birth: _____ Relationship: _____
Name: _____ Date of Birth: _____ Relationship: _____
Name: _____ Date of Birth: _____ Relationship: _____
Name: _____ Date of Birth: _____ Relationship: _____

Residential History:

Current Address: _____ City: _____ St: _____ Zip: _____
Move In Date: _____ Move Out Date: _____ Monthly Payment: _____ **Circle One: Rent/Own**
Reason for Leaving: _____
Name of Property Owner/Mortgage Lender: _____
Phone: _____ Fax: _____ Email Address: _____

Is this Owner a Friend/Family Member? **Circle One: Yes or No**

Previous Address: _____ City: _____ St: _____ Zip: _____
Move In Date: _____ Move Out Date: _____ Monthly Payment: _____ **Circle One: Rent/Own**
Reason for Leaving: _____
Name of Property Owner/Mortgage Lender: _____

Is this Owner a Friend/Family Member? **Circle One: Yes or No**

Phone: _____ Fax: _____ Email Address: _____

Employment/Income Information:

Current Employer: _____
Position Held: _____ Name of Supervisor/Manager: _____
Start Date: _____ Gross Monthly Salary: _____ **Circle One: Part Time/Full Time**
Employer Address: _____ City: _____ St: _____ Zip: _____
Employer Email: _____ Phone: _____ Fax: _____

Previous Employer: _____
Position Held: _____ Name of Supervisor/Manager: _____
Dates Employed: _____ Gross Monthly Salary: _____ **Circle One: Part Time/Full Time**
Employer Address: _____ City: _____ St: _____ Zip: _____
Employer Email: _____ Phone: _____ Fax: _____

Other Sources of Income: (I.E. Social Security, Disability, etc.) _____ Monthly Amount: _____

Banking Information

Savings Account (Bank Name, City, St, Phone): _____

Checking Account (Bank Name, City, St, Phone): _____

Emergency Contacts:

Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Additional Questions:

Do you have any animals? **(Yes or No)** If yes, how many pets? _____

Have you or any occupant ever been **CHARGED** with a felony? **(Yes or No)**

If you were charged, what was the outcome? Provide Details: _____

Are any criminal charges potentially or currently pending? **(Yes or No)**

If yes to either question, please explain: _____

Have you or any occupant been required to register as a sex offender? **(Yes or No)**

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. If accepted and subsequently the resident does not move in on the starting date, the amount received is hereby acknowledged as liquidated damages for non-performance. Resident agrees to all 2 pages of this application. Owner may verify all the information provided by me for eligibility purposes and releases from liability all persons or entities supplying or collecting such information.

Applicant Signature: _____ **Date:** _____