

RESIDENTIAL LEASE APPLICATION



Attach a copy of Drivers license and proof of income!

Each Applicant 18 years or older must submit separate application. ALL information is required!

Property Address _____ Rent \$ _____ Deposit \$ _____ Fees \$ _____ Total \$ _____

What Date do you want to start your Lease if approved _____

APPLICANT NAME _____ Home/Cell Phone _____

Social Security # _____ D.L.# _____ Date of Birth _____

E-Mail _____ Work Phone _____

Current Address _____

Current Rent/Mortgage Payment per month \$ _____ Length of time at this address _____

Landlord's Name _____ Phone # _____

Reason for Leaving? _____

Previous Address (If at the above address less than 3 years _____

Rent/Mortgage Payment per month \$ _____ Length of time at this address _____

Landlord's Name _____ Phone # _____

Reason for Leaving? _____

PERSONAL REFERENCE _____ Relationship _____

Address _____ Phone # _____

Name of all Other Persons who will occupy this Property:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Does any occupant smoke? _____

Do you agree to smoke OUTSIDE the residence and not INSIDE? _____

Do you agree to properly dispose of cigarette butts in a special container? _____

Current Employer _____ Supervisor's Name _____

Address _____ Phone # _____ Start date _____

Position _____ Gross Monthly Income \$ _____

Current Employer _____ **Supervisor's Name** _____

Address _____ **Phone #** _____ **Start date** _____

Position _____ **Gross Monthly Income \$** _____

Separation Date _____ **Reason for Leaving** _____

Additional sources of income _____

Alimony, child support and/or any other civil rulings total amount per month \$ _____

Name & Address of Primary Bank _____

Names on this account _____

Checking Account # _____ **Savings Account #** _____

List ALL Vehicles to be parked on property

Type _____ **Year** _____ **Color** _____ **License #** _____

Type _____ **Year** _____ **Color** _____ **License #** _____

Emergency Contact Person OTHER THAN those occupying property

Name _____ **Phone #** _____ **Relationship** _____

List ALL type of Pets you want approved for this property. If we approve your Pet we will require in advance additional Security Deposit of \$500 for One Pet! \$800.00 for 2 Pets. If you have a service Animal or ESA you must supply documentation with this application, but will not be charged additional fees. NO pets are allowed on property at any time for any reason without prior WRITTEN permission from Owner.

I have pets **Y / N** (circle one). If Yes describe _____

Briefly list all debts and balances on credit cards, Loans, vehicles, etc _____

Have you ever had a misdemeanor or felony charge filed against you at any time for any reason whatsoever, whether dismissed or not? **Y / N** (circle one). If Yes, describe in detail.

Tell why you are wanting to move from your current residence. _____

Has Applicant or any occupant ever been evicted, filed bankruptcy, or been sued? **Y** / **N** (circle one). If yes explain.

Applicant authorizes Landlord to verify references and obtain all credit information. criminal background information & verify any rental or employment history or verify any other information related to this application,

Applicant represents that all information given on the Application is true and correct. Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this application. If omissions or inaccurate information is discovered after occupancy Tenant maybe evicted . Any Security Deposit accepted with this application to hold property is not refundable if Tenant decides NOT TO OCCUPY FOR ANY REASON.

X _____ **Date** _____

Print Name _____

Attach a copy of Drivers license and proof of income!

Office Use

Verifications
