

Individual applications required from each occupant 18 years of age or older.

|                                                                                                             |                      |                      |                                 |                             |                      |
|-------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------------------|-----------------------------|----------------------|
| Application for: <input type="checkbox"/> Tenant <input type="checkbox"/> Guarantor                         |                      |                      |                                 | Desired Move-In Date: _____ |                      |
| Applying for Property Located at:                                                                           |                      |                      |                                 |                             |                      |
| Unit #:                                                                                                     | City:                |                      | State:                          |                             | Zip:                 |
| First Name:                                                                                                 |                      | Middle Name:         |                                 | Last Name:                  |                      |
| Other Names Used in the Last 10 Years:                                                                      |                      |                      | Social Security Number or ITIN: |                             |                      |
| Work Phone #:                                                                                               |                      | Home Phone #:        |                                 | Mobile/Cell Phone #:        |                      |
| E-mail:                                                                                                     |                      |                      | Date of Birth:                  |                             |                      |
| Photo ID/Type:                                                                                              |                      | ID #:                | Issuing Government:             |                             |                      |
| Exp. Date:                                                                                                  |                      | Other ID:            |                                 |                             |                      |
| <b>Housing History</b>                                                                                      |                      |                      |                                 |                             |                      |
| <b>Present Address:</b>                                                                                     |                      |                      |                                 |                             |                      |
| Unit #:                                                                                                     | City:                |                      | State:                          |                             | Zip:                 |
| Date In:                                                                                                    |                      | Date Out:            |                                 | Owner/Agent Name:           |                      |
| Reason for Moving:                                                                                          |                      |                      | Current Monthly Rent \$         |                             | Owner/Agent Phone #: |
| <b>Previous Address:</b>                                                                                    |                      |                      |                                 |                             |                      |
| Unit #:                                                                                                     | City:                |                      | State:                          |                             | Zip:                 |
| Date In:                                                                                                    |                      | Date Out:            |                                 | Owner/Agent Name:           |                      |
| Reason for Moving:                                                                                          |                      |                      |                                 | Owner/Agent Phone #:        |                      |
| <b>Next Previous Address:</b>                                                                               |                      |                      |                                 |                             |                      |
| Unit #:                                                                                                     | City:                |                      | State:                          |                             | Zip:                 |
| Date In:                                                                                                    |                      | Date Out:            |                                 | Owner/Agent Name:           |                      |
| Reason for Moving:                                                                                          |                      |                      |                                 | Owner/Agent Phone #:        |                      |
| <b>Proposed Occupants: List All in Addition to Yourself</b>                                                 |                      |                      |                                 |                             |                      |
| <b>Name</b>                                                                                                 |                      | <b>Date of Birth</b> |                                 | <b>Name</b>                 |                      |
| <b>Date of Birth</b>                                                                                        |                      |                      |                                 |                             |                      |
| 1.                                                                                                          | <input type="text"/> | <input type="text"/> | 4.                              | <input type="text"/>        | <input type="text"/> |
| 2.                                                                                                          | <input type="text"/> | <input type="text"/> | 5.                              | <input type="text"/>        | <input type="text"/> |
| 3.                                                                                                          | <input type="text"/> | <input type="text"/> | 6.                              | <input type="text"/>        | <input type="text"/> |
| Will you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ |                      |                      |                                 |                             |                      |
| <b>Vehicles</b>                                                                                             |                      |                      |                                 |                             |                      |
| <b>Automobile Make</b>                                                                                      |                      | <b>Model</b>         |                                 | <b>Year</b>                 | <b>License #</b>     |
| <b>Year</b>                                                                                                 |                      |                      |                                 |                             |                      |
| 1.                                                                                                          | <input type="text"/> | <input type="text"/> | <input type="text"/>            | <input type="text"/>        |                      |
| 2.                                                                                                          | <input type="text"/> | <input type="text"/> | <input type="text"/>            | <input type="text"/>        |                      |
| 3.                                                                                                          | <input type="text"/> | <input type="text"/> | <input type="text"/>            | <input type="text"/>        |                      |
| Other motor vehicles: _____                                                                                 |                      |                      |                                 |                             |                      |

## Employment History

### Present Employment

|                          |            |                     |
|--------------------------|------------|---------------------|
| Occupation:              |            | Employer Name:      |
| Start Date:              | End Date:  | Name of Supervisor: |
| Supervisor's Phone #:    |            | Supervisor's Email: |
| Employer Address:        |            | City, State Zip:    |
| Current Gross Income: \$ | Frequency: |                     |

### Previous Employment

|                       |           |                     |
|-----------------------|-----------|---------------------|
| Occupation:           |           | Employer Name:      |
| Start Date:           | End Date: | Name of Supervisor: |
| Supervisor's Phone #: |           | Supervisor's Email: |
| Employer Address:     |           | City, State Zip:    |

| Other Income Source | Amount \$ | Frequency | Other Income Source | Amount \$ | Frequency |
|---------------------|-----------|-----------|---------------------|-----------|-----------|
|                     |           |           |                     |           |           |
|                     |           |           |                     |           |           |

## Please List All of Your Financial Obligations

|    | Name of Creditor | Credit Type | Outstanding Balance \$ | Monthly Pymt. Amount \$ |
|----|------------------|-------------|------------------------|-------------------------|
| 1. |                  |             |                        |                         |
| 2. |                  |             |                        |                         |
| 3. |                  |             |                        |                         |
| 4. |                  |             |                        |                         |
| 5. |                  |             |                        |                         |

## References

| In Case of Emergency, Notify: | Address City, State Zip | Relationship | Phone |
|-------------------------------|-------------------------|--------------|-------|
| 1.                            |                         |              |       |
| 2.                            |                         |              |       |

|                             |                               |  |    |  |
|-----------------------------|-------------------------------|--|----|--|
| <b>Personal References:</b> | 1.                            |  | 2. |  |
|                             | <b>Address</b>                |  |    |  |
|                             | <b>City, State Zip</b>        |  |    |  |
|                             | <b>Length of Acquaintance</b> |  |    |  |
|                             | <b>Occupation</b>             |  |    |  |
| <b>Phone</b>                |                               |  |    |  |

Have you ever filed for bankruptcy? ☐ Yes ☐ No

Have you ever been evicted or asked to move? ☐ Yes ☐ No

Have you ever been convicted of selling, distributing or manufacturing illegal drugs? ☐ Yes ☐ No

If yes to any of the above, please explain: \_\_\_\_\_

How did you hear about this rental property? \_\_\_\_\_

Applicant represents that all the above statements are true and correct, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to contact any references listed within the application and obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/ Agent to disclose tenancy information to previous or subsequent Owners/Agents.

Signature

Applicant (signature required)

Date

Owner/Agent may require a payment of \$35.00 which is to be used to screen Applicant. The amount charged is itemized as follows: Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$29.00. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$6.00. You will receive separate payment instructions if an application fee is required.