Tenant Application for Residency

THIS FORM MUST BE FILLED OUT BY TENANT(S). Fill in all information completely, one form for each adult (for married couples, only one form needed for Head of Household). Any application and screening fees are non-refundable. If the Lease Offer is accepted by Landlord and both parties enter into a Lease, any Deposit money shall be applied toward any advance payments due under the lease. ALL RENTAL OFFERS MUST INCLUDE THIS TENANT APPLICATION, COPY OF DRIVER'S' LICENSE FOR EACH ADULT, CURRENT CREDIT REPORT AND PROOF OF INCOME/EMPLOYMENT.

Rental Address:									
Anticipated Move-in Date:/	1	Monthly Rent: \$							
Last Name:	First Name:	DOB:							
SS#://	Marital Sta	atus:	State:						
Home # ()	Cell# (_)		Work# ()				
Email:	Fax # ()		Other:					
				0;; (0), (
Current Address:				City/State	Zip				
Rent or Own?	How Lor	ng?	Monthly Amo	unt: \$					
Landlord (or Mortgage Holder) Name:	Phone #:								
Landlord Address:									
Why are you moving?									
Previous Address:				City/State	Zip				
Rent or Own?				ng?	Monthly Amo	unt: \$			
Landlord (or Mortgage Holder) Name:	Phone #:	hone #:							
Address:					Reason for Move?				
/ radioso.					T Reacon for it				
Additional Occupants:									
Last Name:	First N	lame:		Age:	Relationship:				
Last Name:	First N	lame:		Age:	Relationship	o:			
Last Name:	First N	lame:		Age:	Relationship:				
Pet #1 Type:	Breed			Weight:		Age:			
Pet #2 Type:	Breed			Weight:					
	Dieeu	•		vveignt.		Age:			
References:									
Name:	Phone #:			Relationship:					
Name: Phone #:					Relationship:				
Name: Phone #:					Relationship:				

If answering yes to any of the above, use sepa	arate sh	eet of paper t	o explai	in any	circum	stances re	gai	rding the situation.		
Have you ever filed for Bankruptcy?										
Have you ever been evicted or left owing mo	oney to	Owner?								
Have you ever had adjudication withheld or	been co	nvicted of a c	rime?							
Employment Information			Ι							
Present Occupation/Title:				Employer:						
Work Address:				Employed from/ to/						
Supervisor Name:				Phone #:						
Annual Gross Salary: \$				Other Income (Annual):						
Previous Employer:				Employed from / to/						
Previous Supervisor:				Phone #:						
Banking Information										
Bank Name:	Account #:						Bank Phone #:			
Car Information	•									
Make:	Мо			Year:		Color:				
Spouse Information (if unmarried co-app	plicant,	please fill ou	ut sepa	rate T	enant	Applicati	on)			
Last Name: Fir	rst Name	e:		SS#:		SS#:				
Driver's License #:	Driver's License #:			State: Date of			Birth:			
Email:				Cell Phone #:						
Current Employer:			Er	mploye	ed from	n/_		to /		
Current Supervisor:	Current Supervisor: Phone #:						Α	nnual Income: \$		
Spouse's Car (Make):	Spouse's Car (Make): Model:			Year:			С	olor:		
Confirmation and Release: I/WE declared not limited to verifying employment, obtain										
Signature of Applicant 1			 			Da	ate			
Signature of Spouse						Da	ate			