



# Rental Application

Please fill out all fields. Incomplete applications will not be processed.

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

DL State Issued: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Referred by: \_\_\_\_\_

Co-applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

DL State Issued: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Work Phone: \_\_\_\_\_



**Other Occupants – All occupants over the age of 18 must be listed as leaseholders**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Pet: Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

**Rental History for the last 24 months**

Present Address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_



**Employment History for last 24 Months**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Co-applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Other Sources of Income:**

Bank Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Account: \_\_\_\_\_



Have any of the applicants or occupants ever been convicted of or pleaded "Guilty" or "No Contest" to a felony, regardless of whether or not jail time was served or adjudicated was withheld?

Yes  No

If Yes, explain: \_\_\_\_\_

Have any of the applicants or occupants ever been convicted of a broken rental or lease agreement?

Yes  No

If Yes, explain: \_\_\_\_\_

Are any of the applicants or occupants currently a registered sex predator or sexual offender, or charged with (an) offense(s), which may result in your registration as a sexual predator or sexual offender, regardless of a "No Contest" or "Not Guilty" plea? Yes  No

If Yes, explain: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby agree that all the information provided in this application is true, correct, and has not been misrepresented in any way. If I have provided any false information or have misrepresented any of the information in this application, I understand that my application will be denied for residency. If the misrepresentation or false information is discovered after a rental agreement or lease has been signed, I understand that my tenancy will be terminated. All persons named in this application may freely give any information concerning me and I hereby authorize verification of the above information references, credit report, and criminal background check. I hereby waive all rights of action for any consequence resulting from such information.

**EQUAL EMPLOYMENT OPPORTUNITY ACT: THE FEDERAL ECOA PROHIBITS DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF SEX OR MARITAL STATUS. THE FEDERAL AGENCY, WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS APARTMENT, IS THE FEDERAL TRADE COMMISSION, 1718 PEACHTREE ST., NW; RM 1000, GA 30309**

Applicant's Signature:  Date: \_\_\_\_\_

Co-applicant's Signature:  Date: \_\_\_\_\_