

# APPLICATION TO RENT

Each Individual Occupant Who is Responsible for Rent Payment  
**MUST Complete A Separate Application Form** (Residents 18 years or older Apply)

## PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE	EMAIL ADDRESS		HOME PHONE NUMBER ( )
1 PRESENT HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ( )	
2 PREVIOUS HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ( )	
3 NEXT PREVIOUS HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ( )	

## PROPOSED OCCUPANT(S)

DESCRIBE EACH & EVERY PERSON WHO WILL OCCUPY THE PREMISES	
WILL YOU HAVE ANY PETS? IF YES, PLEASE DESCRIBE	WILL YOU HAVE ANY LIQUID FILLED FURNITURE? IF YES, DESCRIBE

## EMPLOYMENT/FINANCIAL INFORMATION

Present Occupation		Employer Name	
How long with this Employer	Phone number ( )	Employer address	
Name of your Supervisor			
Prior Occupation		Employer Name	
How long with this Employer	Phone number ( )	Employer address	
Name of your Supervisor			
Current Gross Income \$ PER	<input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Month	Name of your Bank	Branch or Address
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		Account Number	

Please List ALL your Financial Obligations (If More Creditors Use Additional Sheet of Paper)			
Name of Creditor	Address	Phone Number	Monthly Payment Amt.
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

**EMERGENCY/PERSONAL REFERENCE INFORMATION**

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

MOTHER'S MAIDEN NAME:

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

**VEHICLE INFORMATION- (Please state exact number of motor vehicle that will be at the premises)**

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

Have you ever filed for bankruptcy? IF YES, DATE BK FILED AND DESCRIBE:

Have you ever been evicted or asked to move? IF YES, PLEASE DESCRIBE:

**APPLICANT AUTHORIZATION**

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$ \_\_\_\_\_ which will be used to verify Applicant's credit history and other background information. The amount charged is itemized as follows:

1. Actual cost of credit report, including any eviction search, and/or other verifying reports: \$ \_\_\_\_\_
2. Landlord/Agent cost to process and screen applicant's supplied information: \$ \_\_\_\_\_
3. TOTAL FEE charged (not to exceed \$60.00 per applicant (WA Residents Only)): \$ \_\_\_\_\_

The undersigned makes application to rent housing accommodations designated as:

Address of: \_\_\_\_\_ No. \_\_\_\_\_ City/State \_\_\_\_\_  
 the rental for which is \$ \_\_\_\_\_ per  Month  Week  Other \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

Date

Signature of Applicant