

Rental Application			
Applicant Information			
Name:			
Date of birth:	XXXXXXXXXXXX	SSN:	XXXXXXXXXXXX
Current address:		Phone:	
City:	State:	ZIP Code:	
Own	Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented (Please circle)	Monthly payment or rent:	How long?
Rental History Information			
Previous Landlord:			
Phone:	E-mail:	Fax:	
Rental address:			How long?
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Co-applicant Information			
Name:			
Date of birth:	XXXXXXXXXXXX	SSN:	XXXXXXXXXXXX
Current address:		Phone:	
City:	State:	ZIP Code:	
Own	Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented (Please circle)	Monthly payment or rent:	How long?
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Co-applicant Rental History Information			
Previous Landlord:			
Phone:	E-mail:	Fax:	
Rental address:			How long?
Other Persons Residing in Property			
Name:			Age:
Name:			Age:
Name:			Age:
Name:			Age:

For your safety we do not require your social security number nor date of birth. Please complete this form and attach a copy of your credit report with your social security number, date of birth, and 1st half of each account number blacked out. You can get 1 copy of your credit report from each of the 3 credit reporting agencies 1 time per year for free from www.annualcreditreport.com.

Rental Application			
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
References			
Name:	Address:	Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

For your safety we do not require your social security number nor date of birth. Please complete this form and attach a copy of your credit report with your social security number, date of birth, and 1st half of each account number blacked out. You can get 1 copy of your credit report from each of the 3 credit reporting agencies 1 time per year for free from www.annualcreditreport.com.