



# RENTAL APPLICATION

## 1. RESIDENTS

NAME (Last)	(First)	(Middle Initial/Jr. or Sr.)
CURRENT PHONE NO.		

PROPERTY		
DATE OF APP.	APT. NO.	UNIT SIZE
RENTAL AMT.	SEC. DEP.	PET DEP.
MI DATE	LEASE TERM	INCOME PERCENT
VERIFIED BY		APPROVED

ADDITIONAL RESIDENTS (Separate application required for all adults.)	
NAME	AGE (If under 18)

## 2. RESIDENTIAL HISTORY (Previous 2 addresses)

CURRENT ADDRESS	CITY	STATE	ZIP	LANDLORD / LENDER NAME	FOR OFFICE USE ONLY
PAYMENT MADE TO	HOW LONG?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	REASON FOR LEAVING	PHONE / FAX NO. / CONTACT	
PREVIOUS ADDRESS				NAME OF DEPARTMENT BLDG.	FOR OFFICE USE ONLY
PAYMENT MADE TO	HOW LONG?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	REASON FOR LEAVING	PHONE / FAX NO. / CONTACT	
HAVE YOU EVER HAD AN EVICTION ACTION FILED AGAINST YOU? (Explain)					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Explain)					

## 3. PETS

KIND	BREED	SIZE

## 4. EMPLOYMENT DATA

CURRENT EMPLOYER	ADDRESS	CITY	STATE	ZIP	FOR OFFICE USE ONLY
PHONE NO.	FAX NO.	POSITION	SUPERVISOR	LENGTH OF EMPLOYMENT	
ADDITIONAL INCOME SOURCES:					FOR OFFICE USE ONLY
1. _____ \$ _____					
2. _____ \$ _____					

## 5. FINANCIAL DATA

BANK	CITY / BRANCH / ADDRESS / PHONE	FOR OFFICE USE ONLY		
SAVINGS ACCOUNT				
CREDIT UNION		FOR OFFICE USE ONLY		
CHECKING ACCOUNT				
CREDIT PREFERENCES	ADDRESS	ACCOUNT NO.	PAYMENTS	FOR OFFICE USE ONLY
1. _____				
2. _____				
SOCIAL SECURITY NO.	DATE OF BIRTH	GOVT ISSUED ID NO.	STATE	

## 6. HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST 3 YEARS?

(If yes, please explain)

## 7. OTHER INFORMATION

VEHICLES YOU WOULD LIKE TO PARK ON THE PROPERTY?							FOR OFFICE USE ONLY
MAKE	MODEL	YEAR	COLOR	LICENSE NO.	STATE		
VEHICLE							FOR OFFICE USE ONLY
VEHICLE							
DO YOU HAVE ANY WATER-FILLED FURNITURE? (Describe)			NEAREST RELATIVE		PHONE NO.		FOR OFFICE USE ONLY
IN CASE OF EMERGENCY CONTACT: NAME		PHONE NO.	RELATIONSHIP	ADDRESS			

The Applicant is depositing herewith, the sum of \$ \_\_\_\_\_, receipt of which is acknowledged as a non-interest-bearing deposit (and not as a rent payment) to be applied toward Applicant's security deposit pursuant to the Residential Rental Agreement and retained by Owner for the duration of the Applicant's occupancy of apartment # \_\_\_\_\_ in the event the application is approved. If the Applicant fails or refuses FOR ANY REASON (other than if caused by Owner) to occupy said property by \_\_\_\_\_ (date), the Owner may retain said deposit, to cover Applicant's failure to occupy the apartment. The security deposit may also be retained in the event Applicant is approved for apartment occupancy and cancels said Agreement after 72 hours from the date of this application. Provided further, that in the event this application is disapproved, said deposit will be refunded to the Applicant. The Applicant hereby gives \$ \_\_\_\_\_ as a non-refundable fee giving Asset Signature Management and its authorized agents permission to obtain a Consumer Credit Report, and to utilize such information contained in such Consumer Credit Report, to approve or disapprove this application for residency. This application is made with the understanding that it is subject to acceptance by the Owner.

AGENT FOR OWNER	APPLICANT'S SIGNATURE	DATE