

CONVENTIONAL RENTAL APPLICATION

Community: _____ Today's Date: _____

Apartment Size/Type: _____ Move in Date: _____

APPLICANT:

Full Name: _____

First Middle Last

Social Security #: _____ Date of Birth: _____

Marital Status: Single Married Separated Divorced Widow(er)

Home Phone _____ Cell Phone: _____

Email Address: _____

Drivers License Number: _____ State: _____ Expires: _____

Vehicle Model: _____ Year: _____ License Plate: _____

CO-APPLICANT:

(Note: A separate application must be completed for each co-applicant, roommate, or occupant over the age of 18)

Full Name: _____

First Middle Last

OTHER OCCUPANT(S):

Name Birth Date Relationship

Name Birth Date Relationship

Name Birth Date Relationship

Name Birth Date Relationship

CHANGE IN HOUSEHOLD COMPOSITION:

Do you expect any change in the above-listed household composition during the next 12 months? Y / N

If yes, please describe the

change: _____



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RENTAL HISTORY:

Current Address: _____

Move in date _____ Move out date _____ Do you? Rent/Own/Family/Military

Rent/Mortgage Information: \$ _____
Monthly Amount Name of Mortgage Company/Landlord/Apt Community

Landlord Phone: _____ Fax: _____

Reason for move out: _____

**Previous Address (required, if at current address less than 2 years)

Move in Date _____ Move out Date _____ Do you? Rent/Own/Family/Military

Rent/Mortgage Information \$ _____
Monthly Amount Name of Mortgage Company/Landlord/Apt Community

Landlord Phone: _____ Fax: _____

Reason for move out _____

EMPLOYMENT **HOUSEHOLD MEMBER:** _____

EMPLOYED (circle one): FULL-TIME / PART-TIME/TEMPORARY

NON-EMPLOYED (circle one): UNEMPLOYED / RETIRED

MILITARY (circle one): YES / NO

Current Employer: _____ Position: _____

Employer's address: _____

Start Date? _____ Pay rate: _____/Hour Hours per week? _____ Annual

Salary: _____ Overtime Hours per week? _____

How often are you paid? WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY (circle one)

Supervisor Name: _____ Phone: _____ Fax: _____

OTHER INCOME: Includes: second jobs, alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities (insurance policies, retirement benefits, pensions and any other regular periodic payments) and also regular direct payments made to a 3rd party on your behalf, by someone who will not reside in the apartment. Ask the staff for a complete list of "Other Income".

If none, check here: () No other source of income

Income Source	Monthly Amount	Annual Amount	Contact Information
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