

Rental Application

Applicant Information

| | | | |
|-------------------|--------|-----------------|------------------------------------|
| Name: | | | |
| Date of birth: | | SSN: | Phone: |
| Current address: | | | |
| 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? |

Employment Information

| | | | |
|-------------------|--------|---------|--------------------------------|
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | | E-mail: | Fax: |
| City: | State: | | ZIP Code: |
| Position: | Hourly | Salary | (Please circle) Annual income: |

Emergency Contact

| | | | |
|---|--------|--|------------------|
| Name of a person not residing with you: | | | |
| Address: | | | |
| City: | State: | | ZIP Code: Phone: |
| Relationship: | | | |

Co-applicant Information, if Married

| | | | |
|-------------------|--------|-----------------|------------------------------------|
| Name: | | | |
| Date of birth: | | SSN: | Phone: |
| Current address: | | | |
| 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: |

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: |