RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

Minimum 2 Year Lease. Tenant responsible for all utilities as well as snow removal. Grass cutting provided by the landlord. \$40 per adult household (18 & Over) member non-refundable application fee is due at the time of submitting application.

Monthly Rent: \$1,425.00	Security Deposit: \$2,1	37.00 lotai L	Jue at Signing: \$3,562.00
Type:	Square Feet (SF):		_SF
Bedrooms: Ren	t Amount: \$	/Month	1
Street Address:			
City:	_ State:	Zip:	
Pets? ☐ Yes ☐ No	Smoking Allowed? □	Yes □ No	Parking? ☐ Yes ☐ No
If Yes, Describe the Par	king:		
TENANCY			
Type/Length:	Start Date:		
APPLICANT DETAILS			
Full Name:	DOB:		_ SSN:
Driver's License No		_ Phone:	
E-Mail:			
Other Occupants?	es 🗆 No		
If Yes, Describe:			
Pets? ☐ Yes ☐ No			
If Yes, Describe:			
Vehicles? ☐ Yes ☐ No)		
If Yes, Describe:			

Ever Been Convic	ted of a Crime? Ye	es 🗆 No	
If Yes, Describe: _			
Ever Filed for Ban	kruptcy? □ Yes □ N	lo	
If Yes, Describe: _			
Ever Been Evicted	I? ☐ Yes ☐ No		
If Yes, Describe: _			
CURRENT EMPL	OYMENT		
Company:	Oc	ccupation/Title:	_
How Long?	Gross Income	e: \$ (From Prior Year Tax	Filing)
Street Address:			
City:	State:	Supervisor:	
PREVIOUS EMPL	OYMENT		
Company:	Oc	ccupation/Title:	_
How Long?	Gross Income	: \$)	
Street Address:			
City:	State:	Supervisor:	
CURRENT RESID	ENCE		
Type (Apt, Home,	Condo):	Square Feet (SF):	_SF
Bedrooms:	_ Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	
How long at this A	ddress?	Current Lease Expiration Date:	
Desire for Moving	?		

CURRENT LANDLORD

Name:			
Address:			
PREVIOUS RES	SIDENCE		
Type (Apt, Home, Condo):		Square Feet (SF):	SF
Bedrooms:	Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	
Start Date:	End Date:		
PREVIOUS LAN	IDLORD		
Name:			
Address:			
Phone:	E-Mail:		
PREVIOUS RES	SIDENCE		
Type (Apt, Home, Condo):		Square Feet (SF):	SF
Bedrooms:	Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	
Start Date:	End Date:		
PERSONAL RE	FERENCES		
Full Name:		Relationship:	
E-Mail:		_ Phone:	
Full Name:		Relationship:	

E-Mail:	P	Phone:		
Full Name:		Relationship:		
E-Mail:	P	Phone:		
PREVIOUS LANDLOF	RD			
Name:				
Address:				
				
FINANCIAL INFORMA	ATION			
Bank:	Balance:			
Branch Location		Type: Checking Savings		
Bank:	Balance:			
Branch Location		Type: Checking Savings		
ADDITIONAL DETAIL	.S (IF ANY)			
information given on the verification of all references and lords, employers, a cowner/agent to obtain Criminal Background Fersonal references up information provided in result in denial of tenances.	nis application is true a ences and facts, including and personal reference any and all Unlawful Done Reports. Applicant agre oon request. Applicant in the application may concy. Applicant hereby were ancy. Applicant hereby were soncy.	age. Applicant represents that all nd correct. Applicant hereby authorizes ing but not limited to current and previous es. Applicant hereby authorizes retainer, Credit Reports, Telechecks, and/or ees to furnish additional credit and/or understands that incomplete or incorrect cause a delay in processing which may waives any claim and releases from liability ration or additional information.		
Applicant's Signature	e	Date		