



**RENTAL APPLICATION**

**Primary Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Current Rent: \_\_\_\_\_

Number of People to Occupy Apartment: \_\_\_\_\_

Any Pets? \_\_\_\_\_ Type of Pet: \_\_\_\_\_

**Co-Applicants:**

	<u>Name</u>	<u>D.O.B.</u>	<u>SS#</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Present Landlord:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Previous Landlord:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Automobiles:**

No. of Automobiles: \_\_\_\_\_

Make/Year/Color: \_\_\_\_\_

Registration #: \_\_\_\_\_

**Income:**

Current Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Other Income:

Source

Monthly Amount

1. \_\_\_\_\_

2. \_\_\_\_\_

**Race:** *Please note that this section is optional. The information will be used to monitor our Affirmative Fair Marketing Programs as required by State and Federal Laws.*

Hispanic \_\_\_\_\_

American Indian \_\_\_\_\_

Black \_\_\_\_\_

White \_\_\_\_\_

Asian \_\_\_\_\_

Cape Verdean \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**Consent to Background Check and Certification of Information Provided:**

*By signing below, I certify that the above information is completely true and accurate. Furthermore, I hereby consent to allow the Owner of the property itself, or through its designated agents or employees, to obtain a consumer credit report, criminal information, verification of income, and landlord references on each applicant that is applying for residency. I further consent to allow the Owner or its agents to obtain additional consumer credit reports and/or criminal record reports for myself in the future to update or review my account. Upon my request, the Owner will tell me when consumer or criminal reports were requested and the names and addresses of any consumer-reporting agency that provided such reports.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Completed Application can be faxed to Solemar at 508-992-6667