

# APPLICATION TO RENT

*Complete separate application for each adult tenant.*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Driver's Lic./ID #: \_\_\_\_\_ State \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month - Day - Year

## CURRENT

Address: \_\_\_\_\_  
Street Unit # City State Zip

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

## PREVIOUS

Address: \_\_\_\_\_  
Street Unit # City State Zip

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## SECOND PREVIOUS

Address: \_\_\_\_\_  
Street Unit # City State Zip

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## CURRENT EMPLOYMENT

Company Name \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Company Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment—From \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company Name \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Company Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment—From \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

WHEN DO YOU PLAN TO MOVE IN? DATE: \_\_\_\_\_

Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced check checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via check made payable to Robert & Claire Heron, which check shall accompany this Application. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If applicant's check is returned "NSF", owner shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_

For \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and security deposit in the amount of \$ \_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**ADDITIONAL INFORMATION**

1. Have you ever had any credit problems? Yes No
2. Have you ever had an unlawful detainer filed against you? Yes No
3. Have you ever been evicted for non-payment of rent or for any other reason? Yes No
4. Have you ever filed bankruptcy? Yes No
5. Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs? Yes No
6. Do you have any pets? Yes No If Yes, How many? \_\_\_\_\_ Describe: \_\_\_\_\_
7. Will you be using any water-filled furniture in your residence? Yes No  
If Yes, do you have insurance coverage? Yes No
8. Do you have any musical instruments? Yes No If yes, what kind \_\_\_\_\_
9. Please explain any "YES" answers. \_\_\_\_\_

**BANKING INFORMATION**

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_

**CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)**

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**EMERGENCY CONTACT**

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

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)**

Are you the registered owner? Yes No If not, who? \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_