

# Rental Application

Move In Date:	Lease Term:
Unit #	Rent Amt: \$
<input type="checkbox"/> New Applicant <input type="checkbox"/> Add on Lease <input type="checkbox"/> Co Signer for	

**INSTRUCTIONS: Fill Out Completely And Legibly In Blue Or Black Ink!** Each Adult Occupant Must Complete Separate Forms. Applications Which Are Not Completed Fully or Signed Will Be Rejected. Identification Will Be Required By Means Of Photo Id To Confirm Identity And Proof Of Valid Social Security No By Drivers License, State Id, Or SS Card.

APPLICANT INFORMATION			
Full Name:		Number of Tenants:	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Maiden Name:	
Date of birth:	SSN:	DL #	State Issued:
Have you ever been convicted of a crime (minor traffic not included)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give details:			
Email:		Phone:	
Number of Cats:	Number of Dogs:	Number of Other Pets:	

EMPLOYMENT HISTORY			
Current Employer:		Phone:	
Are you Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, provide a copy of your most recent income tax return.			
Employer Address:		Nature of Business:	
Position:		Start Date:	
Pay Rate: \$	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	Hours Weekly:	
Supervisor:		Direct Phone:	
<b>PLEASE CHECK ONE:</b> <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (if current less than three years)			
Second Employer:		Phone:	<input type="checkbox"/> Self Employed
Employer Address:		Nature of Business:	
Position:		Start Date:	
Pay Rate: \$	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per month	Hours Weekly:	
Supervisor:		Direct Phone:	

RESIDENTIAL HISTORY			
Current Address:		City:	State:      Zip:
Landlord/Mtg Co:		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family	
Landlord Phone:		Alternative Phone:	
Date Moved In:	Move Out Date:	Current Rent Amount:	
Have you Given Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Move:	

PREVIOUS RESIDENCY			
Previous Address:		City:	State:      Zip:
Landlord/Mtg.Co:		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family	
Landlord Phone:		Alternative Phone:	
Date Moved In:	Move Out Date:	Rent Amount:	

Have you Given Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Move:				
Have you ever been evicted or refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>ADDITIONAL OCCUPANT(S)</b> (Separate applications required for all adults)						
Number of persons to occupy apartment:						
<b>Name</b>		<b>Relationship</b>			<b>Date of Birth</b>	
<b>OTHER INFORMATION</b>						
	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Color</b>	<b>Lic Plate#</b>	<b>State</b>
Vehicle # 1						
Vehicle # 2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pet Name:			Pet Species:	
Pet Breed:		Pet Weight:			Pet Age:	
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>REFERENCES</b>						
<b>Name</b>		<b>Relationship</b>			<b>Phone</b>	
In Case of Emergency:			Relationship:		Phone:	

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into reliantly or any misstatements made above.

I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and CheckPoint to verify any and all information above, including but not limited to my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold CheckPoint, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.