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| PERSONAL INFORMATION |  |  |
| FIRST NAME | MIDDLE | LAST |
| DATE OF BIRTH | MARITAL STATUS | DRIVERS LICENSE STATE |
| SOCIAL SECURITY NUMBER | PHONE | EMAIL |
| PRESENT HOME ADDRESS | CITY/STATE/ZIP | LENGTH OF TIME |
| PRESENT LANDLORD | LANDLORD PHONE | REASON FOR LEAVING |
| PERSONAL REFERENCE | PHONE | PHONE |
| RELATION | ADDRESS | CITY/STATE/ZIP |

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| RENTAL APPLICATION  Every applicant over 21 must fill out a separate application. Please fill out completely and sign where indicated. |

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| PROPOSED OCCUPANTS | | | |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |
| NAME | RELATIONSHIP | OCCUPATION | AGE |

|  |  |  |  |
| --- | --- | --- | --- |
| PROPOSED PET (S) | | | |
| NAME | TYPE/BREED | INDOOR OUTDOOR | AGE |
| NAME | TYPE/BREED | INDOOR OUTDOOR | AGE |

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| --- | --- | --- | --- | --- | --- |
| VEHICLE INFORMATION | | | | | |
| YEAR | RV MAKE | MODEL | COLOR | PLATE | STATE |
| YEAR | MAKE | MODEL | COLOR | PLATE | STATE |
| YEAR | MAKE | MODEL | COLOR | PLATE | STATE |

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| EMPLOYMENT | | | |
| CURRENT EMPLOYER | OCCUPPATION | | HOURS/WEEK |
| SUPERVISOR | PHONE | | YEARS EMPLOYED |
| ADDRESS | | CITY/STATE/ZIP | |

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| APPLICANT QUESTIONNAIRE/ AUTHORIZATION | |
| Has applicant ever been sued for nonpayment of debt yes no | Has applicant ever broken rental agreement  Yes no |
| Been evicted yes no | Received a non-renewal notice yes no |
| Filed for bankruptcy yes no | Been convicted of a felony yes no |
| Been or currently involved in illegal activity yes no | Is the total move in amount available now  Yes no |
| Applicant authorizes the landlord to contact past and present landlords and employers and any other sources deemed necessary to investigate applicant.  All information is true, accurate and complete to the best of applicant’s knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.  Any persons or firm is authorized to release information about the undersigned upon presentation of this form or a photocopy of this form at any time.  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPLICANT SIGNATURE DATE | |
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