

# TENANT'S RENTAL APPLICATION

- 221 W. 4<sup>th</sup>—1 Bedroom       221 W. 4<sup>th</sup>—Studio       Lincoln Street Studio
- 1213 May—2 Bedroom       1213 May—1+ Bedroom       1213 May—Office

**No pets, no smoking on premises!**

Monthly rent \$ \_\_\_\_\_ Security deposit \$ \_\_\_\_\_ Background check \$ \_\_\_\_\_

## PRIMARY APPLICANT INFORMATION

Name (last, first, middle in) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Current address \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Current landlord \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Previous address \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Previous landlord \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
List any pets (type, size) \_\_\_\_\_ Do you smoke? NO YES  
Have you ever been evicted? NO YES Ever been sued by a landlord? NO YES  
Ever been convicted of a crime? NO YES If yes, when/what charges? \_\_\_\_\_  
Current Employer \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Dates employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Job title \_\_\_\_\_ Income/month \$ \_\_\_\_\_  
Any other income per month \$ \_\_\_\_\_ Source \_\_\_\_\_  
Bank name \_\_\_\_\_ Branch \_\_\_\_\_

### References:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## SECOND APPLICANT INFORMATION

Name (last, first, middle in.) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
List any pets (type, size) \_\_\_\_\_ Do you smoke? NO YES  
Have you ever been evicted? NO YES Ever been sued by a landlord? NO YES  
Ever been convicted of a crime? NO YES If yes, when/what charges? \_\_\_\_\_  
Current Employer \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Dates employed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Job title \_\_\_\_\_ Income/month \$ \_\_\_\_\_

### References:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## OTHER OCCUPANTS

Name/age (if under 18) \_\_\_\_\_

## AUTOMOBILE INFORMATION

Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_