

# RENTAL APPLICATION

(ONE PERSON PER APPLICATION)



**Screening Services**  
*When a handshake isn't enough*

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

Email: \_\_\_\_\_ Former Names: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has your driver's license ever been suspended, privileges limited or revoked?  Yes  No

If so, when and why? \_\_\_\_\_

Current address, including ZIP CODE: \_\_\_\_\_

Name, address and telephone no. of Landlord: \_\_\_\_\_

Length of stay: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Amt. of utilities paid by tenant: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

When does your lease expire? \_\_\_\_\_ Have you given notice?  Yes  No

When would you like to take occupancy? \_\_\_\_\_

Former address, including ZIP CODE: \_\_\_\_\_

Length of stay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name, address and telephone number of Landlord: \_\_\_\_\_

If the total length of the previous two tenancies is less than two years, list additional addresses with ZIP CODE: \_\_\_\_\_

Names of all adult co-tenants: \_\_\_\_\_

Pets: Number \_\_\_\_\_ types: \_\_\_\_\_ weight: \_\_\_\_\_ and ages: \_\_\_\_\_

Number of vehicles: cars: \_\_\_\_\_ trucks: \_\_\_\_\_ other: \_\_\_\_\_

Plate numbers: \_\_\_\_\_

Current employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_ NET pay per mo: \$ \_\_\_\_\_

Additional income: Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_

Total of ALL monthly debt, excluding rent and utilities listed above \$ \_\_\_\_\_

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Personal reference: (List name, address, telephone number and relationship) \_\_\_\_\_  
\_\_\_\_\_

Emergency information: (List name, address, telephone number and relationship) \_\_\_\_\_  
\_\_\_\_\_

If you could not meet your financial obligations, who would you turn to for help? \_\_\_\_\_

Do you currently carry renter's insurance?  Yes  No Amount: \$ \_\_\_\_\_

Company name: \_\_\_\_\_

Does anyone in your household smoke?  Yes  No

Have you ever been served an eviction notice or have you been asked to leave a rental property?  Yes  No

If so, when? \_\_\_\_\_ and why? \_\_\_\_\_

List the Landlord's name, address and telephone number: \_\_\_\_\_

Have you ever deposited rent with a court or refused to pay your rent when it was due?  Yes  No

If the answer is yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If so, list the charge, year, county and state: \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No If so, when? \_\_\_\_\_

Has it been discharged?  Yes  No If yes, when? \_\_\_\_\_

What type of bankruptcy?  Chapter 7  Chapter 13

Have your wages ever been garnished?  Yes  No If so, when and why \_\_\_\_\_

Are you currently a co-signer on a loan?  Yes  No

I certify that all of the information listed above is truthful and complete. I give permission for a **CREDIT REPORT AND CRIMINAL RECORD SEARCH** to be run for tenant screening purposes. **THE TENANT RELEASE FORM MUST ACCOMPANY THIS APPLICATION.**

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