	Personal Information		0	
Full Name	Birth Date	Social Security #		
Driver's License # / State	Phone #	Email		

Roommates / Other Occupants

Full Name - First, Middle, Last	Birth Date	Relationship to You

Rental History

Please list your three most recent addresses or from past five years.

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

Income

Please list employment from past five years & other sources of income.

Employment History

	Current Employer	Previous Employer	Previous Employer
Employed by			
Position			
Dates of Employment (FromTo)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

Other Income Sources

Туре	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #

Emergency Contact Information

Name

Phone # _____

Relationship

Address - Street, City, State, Zip

Vehicles

Make & Model	Year	Color	Plate #	State



Have you ever been evicted? Yes No
If yes, when & why
Have you ever been convicted of a felony? Yes No
If yes, when & why
Have you ever filed for bankruptcy? Yes No
If yes, when & why
Do you currently smoke? Yes No
Do you have any pets? Yes No
If Yes, please list each Type, Breed & Approx. Weight
How did you learn about us?

Agreement & Consent to Background Check

I believe that the statements I have made are true and correct. I hereby authorize the verification of information I provided, communication with any and all names listed on this application and for the issuer of this form to conduct a background check to obtain additional information on credit history, criminal history and all Unlawful Detainers. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or in part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund.

Signature: _____ Date: _____

CO-SIGNER

By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Personal Information

Full Name	Birth Date	Social Security #
Driver's License # / State	Phone #	Email
Current Employer Name / Phone #		
	Co-signing fo	or
Full Name	Unit Applied	d for
	t or will not oblige. This Co-signer A	l responsibilities and/or obligations of the Leaseholder's Agreement will remain in force throughout the entire Inged in its terms.

Signature:	Date: