



RENTAL APPLICATION INSTRUCTIONS

DATE: _____ PHONE#: (____) _____
TO: _____ FAX#: (____) _____

Please find attached a rental application for the property you have inquired about. To aid you in qualifying for this home and to speed processing, we are providing the following checklist. Without the information requested we are unable to process the application and let you know if your offer to lease has been accepted.

Checklist:

- _____ complete requested information for each applicant (all adults over 18 years of age)
- _____ have all applicants sign page 4 of the application
- _____ provide income verification: last 2 pay stubs; payroll reports; leave and earning statements; income tax returns; retirement, disability, or social security statements; etc.
- _____ provide documents pertaining to paid collections, discharged bankruptcies, and disputed credit reports, etc.
- _____ provide a photo I.D. for each applicant
- _____ pay application fee of \$25.00 per adult – CASH, CASHIER’S CHECK, OR MONEY ORDER ONLY – **NO** PERSONAL CHECKS
- _____ deliver completed packet to: **727 E. Bethany Home Road., Suite D-118**

Thank you for your interest and cooperation.

Note: We will be conducting a credit check, criminal background check, employment and rental history verification. Applications will be declined if there are any unpaid collections or judgments related to rent, pending bankruptcies, or felony convictions.

Attention Realtors

To ensure your commission payment, please show the property to your client; record your name, company, and telephone numbers on the top of our application; ask your client to include your business card with the completed packet described above. We will let you know the outcome. Thanks for showing!



RENTAL APPLICATION

Occupancy limits: 2 persons/bedroom * Application Fee: \$25/adult / NON-REFUNDABLE/NO PERSONAL CHECKS

FOR OFFICE USE ONLY
Rent & Tax: \$
Security Deposit: \$
Pet Deposit: \$
Cleaning Fee: \$
Rekeying Fee: \$
Other: \$
Total Move-In: \$
Rental Rate \$
Application Fee:\$
Copy of Driver's License(s) Attached:[]
Date App. Received:
Move-In Date Accepted:
Approved:
Disapproved:

Property Address: Move-In Date Desired:

APPLICANT INFORMATION

Applicant #1: D.O.B. []Married []Single SS#:
Applicant #2: D.O.B. []Married []Single SS#:
Phone: Home#1: Work#1: Home#2: Work#2:

APPLICANT #1 RENTAL INFORMATION

Current address: City: State: Zip:
Landlord's name: Phone: ()
Reason for moving: Rent: \$ Dates(M/Y) from: to:
Previous address: City: State: Zip:
Landlord's name: Phone: ()
Reason for moving: Rent: \$ Dates(M/Y) from: to:

APPLICANT #2 RENTAL INFORMATION

Current address: City: State: Zip:
Landlord's name: Phone: ()
Reason for moving: Rent: \$ Dates(M/Y) from: to:
Previous address: City: State: Zip:
Landlord's name: Phone: ()
Reason for moving: Rent: \$ Dates(M/Y) from: to:

APPLICANT #1 CURRENT EMPLOYMENT INFORMATION

Employer #1: Supervisor: Phone:
Address: City: State: Zip:
Position: Monthly Gross Income: \$ Hire date:
Employer #2: Supervisor: Phone:
Address: City: State: Zip:
Position: Monthly Gross Income: \$ Hire date:

APPLICANT #2 CURRENT EMPLOYMENT INFORMATION

Employer #1: _____ Supervisor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Monthly Gross Income: \$ _____ Hire date: _____
Employer #2: _____ Supervisor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Monthly Gross Income: \$ _____ Hire date: _____

ADDITIONAL INFORMATION

Will anyone else reside in the property with you? [] Yes [] No (additional application may be required)

Name: _____ D.O.B.: _____ Relationship: _____
Name: _____ D.O.B.: _____ Relationship: _____
Name: _____ D.O.B.: _____ Relationship: _____
Name: _____ D.O.B.: _____ Relationship: _____

Do you have any pets or assistive animals? [] Yes [] No If yes:

How many?: _____ Type(s): _____ Breed(s): _____ Gender: _____
Weight: _____ Age(s): _____ Spayed/Neutered: [] Yes [] No; Assistive Animal: [] Yes [] No

List all vehicles you will have at the property: (include cars, trucks, RV's, motorcycles, trailers, boats, etc.)

(1) Make: _____ Year: _____ License plate#: _____ State: _____
(2) Make: _____ Year: _____ License plate#: _____ State: _____
(3) Make: _____ Year: _____ License plate#: _____ State: _____

List your bank account information:

Name of institution account number saving/checking branch address

List your regular obligations (i.e. installment payments, credit cards, child support, alimony, etc.)

purpose monthly payment(s) remaining balance

Do you or your co-applicant(s) have any of the following?: Past Evictions [] Yes [] No; Non-Discharged Bankruptcy Filings [] Yes [] No; Unpaid judgments or collection accounts [] Yes [] No; Felony Convictions [] Yes [] No

In case of an emergency, please notify:

Name: _____ Phone: _____

Please list any additional information that is necessary for processing your application below:

