



RENTAL APPLICATION

GOOD FAITH DEPOSIT
Applied toward 1st month rent

\$ _____

TODAY'S DATE: _____

NEW ADDRESS:

MOVE-IN DATE: _____

**ONE COMPLETED
APPLICATION
PER ADULT APLICANT**

1. APPLICANT INFORMATION
(Each person over 18 must fill out an application)

DATE OF BIRTH
/ /
SOCIAL SECURITY No.
- -

NAME		HOME #			
EMAIL					
PRESENT ADDRESS	#	STREET	CITY	STATE	ZIP
LANDLORD		LANDLORD'S TEL #	MONTHLY RENT AMOUNT	HOW LONG THERE	
PRVIOUS ADDRESS	#	STREET	CITY	STATE	ZIP
LANDLORD		LANDLORD'S TEL #	MONTHLY RENT AMOUNT	HOW LONG THERE	

2. AUTO INFORMATION

DRIVER'S LICENSE No.	STATE	AUTO MAKE	PLATE	YEAR
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3. EMPLOYMENT INFORMATION

PRESENT EMPLOYER	HOW LONG
ADDRESS	PHONE SUPERVISOR
POSITION	EARNINGS (WEEKLY GROSS)
PREVIOUS EMPLOYER	HOW LONG
ADDRESS	PHONE SUPERVISOR
POSITION	EARNINGS (WEEKLY GROSS)

4. NEAREST RELATIVE (Not Living With You)

NAME	ADDRESS	STREET	CITY	ZIP
PHONE	RELATIONSHIP			

5. **OCCUPANT INFORMATION** No. of Total Occupants _____

NAME	AGE	RELATIONSHIP

6. **BANKING INFORMATION**

SAVINGS ACCOUNT BANK	CHECKING ACCOUNT BANK	CREDIT REFERENCES
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HAVE YOU EVER BEEN EVICTED OR ARE YOU NOW IN THE PROCESS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date _____
HAVE YOU EVER FILE BANKRUPTCY OR BEEN FORECLOSED UPON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date _____
HAVE YOU EVER BEEN REGISTER AS A SEX OFFENDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date _____
DO YOU OWN ANY PETS?	YES	NO	What Kind? _____ How Many? _____

PLEASE READ CAREFULLY BEFORE SIGNING

1. Applicant will pay \$_____ application fee. This fee is **non-refundable**
2. The Landlord will either accept or reject this application. If accepted, the deposit above specified will be credited towards the first month's rent. If rejected, the deposit will be returned. The tenant hereby waiving any claim for damages by reason of non-acceptance of this application, which the Landlord may reject without stating any reason whatsoever for doing so.
3. Applicant will pay a \$30.00 charge for any checks returned to us.
4. Applicant authorizes _____ to obtain information relative to credit, employment (past & present) residence status (past & present), eviction, criminal, and to disclose the information obtained to any prospective property owner or to their agents.
5. No pets allowed without Landlord's prior written consent.
6. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE & COMPLETE

Rental Agent (Full Name) _____ Applicant's Signature _____

ALL APPLICATIONS SUBJECT TO OWNER'S APPROVAL



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TENANT LIABILITY/ APPLICATION

TENANT-LESSEE _____

OWNER: _____ DATE: _____

ADDRESS: _____

_____ MOVE IN DATE: _____

_____ APT: _____

BLDG: _____

FLOOR: _____

AGREEMENT

As consideration for the Owner to remove the above reference apartment ("Apartment") from the listing of available apartments, you (Tenant) have paid to _____ as agent for the Owner, the sum of _____ ("Deposit").

If the Owner (Landlord) accepts you (Tenant) as a tenant and you (Tenant) and Owner (Landlord) execute a lease for the Apartment, the Deposit shall be applied to your (Tenant's) obligation under the lease.

If the Owner (Landlord) accepts you (Tenant) as a tenant and you (Tenant) decide not to enter into a lease for the Apartment, the Deposit shall be released to the Owner (Landlord) as consideration for Owner removing the Apartment from the listing of available apartments. By signing below, you (Tenant) agree that the deposit is reasonable compensation to the Owner for losses the Owner incurred by reason of your (Tenant's) request to remove the Apartment from the list of available apartments.

If the Owner (Landlord) rejects you (Tenant) as a tenant, the Deposit will be returned to you. THIS IS THE ONLY REASON THAT THE DEPOSIT WILL BE RETURNED TO YOU.

ACKNOWLEDGED AND AGREED TO: _____

DATE: _____

Tenant(s) Signature