## Rental Application & Information Release Form

Rental Address	Property Owner						
Number of Bedrooms	Rent per Month \$						
1st Applicant Name		Maiden Nam	ne				
SSN#	Drivers Lic#		State	Birthday			
2nd Applicant Name		Maiden Nam	ne				
SSN#	Drivers Lic#		State	Birthday			
Present Residence Inf Present Address							
State Zip Code	Phone # (		Is this yo	our telephone?	YesNO		
If not your phone number, wh		How long at this address					
Landlord's Name	I	Landlord's Address	997-98-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Phone# ()	What Month & Year did y	ou move in?					
Where do you pay your rent?			·		we the control of the		
Address		City	S	tate Z	ip		
How much is your current rea	nt? \$						
What name is used for Gas &	Electric Co for billing?						
What name is used for the Ph	one Company for billing? _						
What name is used for the W	ater Company for billing? _						
Why are you moving?							
Previous Residence In							
Previous Address	Cit		Sta	te Zip Code			
Phone # ()	Is this your telephon	e?YesNO					
If not your phone number, wh	no's number is it?		How los	ng at this address			
Landlord's Name	andlord's Name Landlord's Add			Phone# ()			
What Month & Year did you	move in? n	nove out?	How r	nuch was your rent?	\$		
Why did you move?							

## **Present Residence Information - 2nd Applicant** Present Address City State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_ Is this your telephone? \_\_\_\_Yes \_\_\_NO If not your phone number, who's number is it? \_\_\_\_\_\_ How long at this address\_\_\_\_\_ Landlord's Name Landlord's Address Phone# (\_\_\_\_) What Month & Year did you move in? \_\_\_\_\_ Where do you pay your rent? Address \_\_\_\_\_ City \_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ How much is your current rent? \$ What name is used for Gas & Electric Co for billing? What name is used for the Phone Company for billing? What name is used for the Water Company for billing? Why are you moving? **Previous Residence Information - 2nd Applicant** Previous Address \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Phone # ( ) Is this your telephone? Yes NO If not your phone number, who's number is it? How long at this address Landlord's Name Landlord's Address Phone# ( ) What Month & Year did you move in? \_\_\_\_\_ move out? How much was your rent? \$\_\_\_\_\_ Why did you move? **Employment References - 1st Applicant** Employer \_\_\_\_\_ Address \_\_\_\_ Phone# (\_\_) Supervisor's Name Dept Phone # ( ) Length of Time Employed Position Monthly Income \$ Additional Income \$ **Employment References - 2nd Applicant** Employer \_\_\_\_\_ Address Phone# ( ) Supervisor's Name Dept Phone # (\_\_) Length of Time Employed Position Monthly Income \$ Additional Income \$

## Names of additional people who will be living at this address

Name	Relations	Relationship					
Name	Relations	Relationship					
Name		Relations	hip	***************************************			
Name	Relations	Relationship					
Name Relation			tionship				
Personal References (NO	Γ RELATED)						
Name	Address			Phone # (_	_)	-	
Name	Address			Phone # (	_)		
Name	Address			Phone # (_	)		
1st Applicant							
Mother's Name	Address	Address			Phone # ()		
Father's Name	Address			Phone # (	hone # ()		
2nd Applicant							
Mother's Name	Address			Phone # (_	_)		
Father's Name	Address			Phone # (	_)		
In Case of Emergency Contact							
Name	Address			Phone # (_	_)		
Name	Address		wennens auroonius same	Phone # (_	_)		
Vehicles Owned							
Lic Plate #	State	Make	Model		Year		
Lic Plate #	State	Make	Model		Year		
Lic Plate #	State	Make	Model		Year		
Lic Plate #	State	Make	Model		Year		
HAVE YOU EVER BEEN CONV IF YES, EXPLAIN:	TCTED OF A FELO					NO	
HAVE YOU EVER GONE THROOR OTHER LEGAL PROCEEDING IF YES, EXPLAIN:	NG AGAINST YOU?	? YES	NO	JUDGEMEN	NTS, CREDI	TORS	

PETS OF ANY KIND	YES	_NO				
IF YES, WHAT KIND		HOW MA	ANY			
A NON-REFUNDABLE C SUBMITTED. PLEASE N						ON IS
I/we herby authorizecredit, and/or tenant/landlord hist landlords, public or privately own release any information to history. I hereby release any of the whether caused by negligence or may include the answering of specific production.	ned utilities, current the above sources, the otherwise which ma ecific questions and	or past creditors, go or any Creditor officers, agents, ay at any time result the giving of any in	overnmental housing a dit Information Service or employees from and time/us by reason of co	gencies, and/or other s concerning my/our y liability for damagompliance with the al	r credit reporting agen r past credit and/or ter es or whatsoever kind bove mentioned inqui	ncies to nant/landlord I of nature
I have read the above and I am in	complete agreemer	nt with in.				
1ST APPLICANT SIGNATURE	E		DATE			
2ND APPLICANT SIGNATURE	3		DATE			
DO NOT WRITE BEI Credit Report: (Favorable/Un Other Comments:		INE - THIS SI	ECTION TO BE	COMPLETE	D BY INTERV	IEWER
Deposit:Rent:	Optic	n:		Monthly		
Terms of Lease:						
Move in Date:	Lease	Expires:		Number of Keys:		
Total Number of Occupants:					8	
Separate Deposit for Pets					_	
Utilities to be paid by Tenant	ts: (Gas)		(Electric)		(Water)	
Trash Pick up (if applicable)						