



APPLICATION FOR TENANCY

Please Print

Address of Rental Premises: _____ Apt. # _____

How many bedrooms will you need?

Do you, or do you intend to have: Pets Yes No Waterbeds Yes No Motorcycles Yes No

Applicant #1

Last Name: _____ First Name: _____ Mid Initial: _____

Social Security Number: _____ Driver's License: _____

Home Phone #: _____ Work Phone #: _____ Birthdate: _____

Present Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Dates you lived at this address: From _____ To _____ Were you evicted? _____

Landlord's Name: _____ Phone: _____

Previous Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

How long did you live at this address? _____ Were you evicted? _____

Previous Landlord's Name at this address: _____ Phone: _____

Current Employer: _____ How long employed? _____

Contact Person: _____ Phone: _____

Address of where you work: _____

City: _____ State: _____ Zip Code: _____

Gross Monthly Wages: \$ _____ You are paid: Weekly Bi-weekly Monthly

Other Monthly Income: _____ How much? \$ _____

Primary Bank: _____ Savings Checking

Credit References: 1) _____ Phone: _____

2) _____ Phone: _____

Nearest Relatives or Friends (for emergency purposes):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant #2

Last Name:	First Name:	Mid Initial:
Social Security Number:	Driver's License:	
Home Phone #:	Work Phone #:	Birthdate:
Present Street Address:		Apt. #:
City:	State:	Zip Code:
Dates you lived at this address: From	To	Were you evicted?
Landlord's Name:		Phone:
Previous Street Address:		Apt. #:
City:	State:	Zip Code:
How long did you live at this address?		Were you evicted?
Previous Landlord's Name at this address:		Phone:
Current Employer:		How long employed?
Contact Person:		Phone:
Address of where you work:		
City:	State:	Zip Code:
Gross Monthly Wages: \$	You are paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Other Monthly Income:		How much? \$
Primary Bank:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Credit References: 1)		Phone:
2)		Phone:
Relationship to Applicant #1:		

Names of Others Who Will Be Living with Applicant #1 & #2

1) Last Name:	First Name:	Mid Initial:
Social Security #:	Driver's License #:	
2) Last Name:	First Name:	Mid Initial:
Social Security #:	Driver's License #:	
3) Last Name:	First Name:	Mid Initial:
Social Security #:	Driver's License #:	

The application fee is \$ _____ and is non-refundable. I hereby authorize the landlord to verify any and all information on this application, criminal report and/or on a credit report. I/We, the undersigned, authorize Rental Property Owner's Association (RPOA) to obtain resident screening information from Merchants Service Bureau/CBC Companies or other credit bureau, which MAY include credit history, rental history, criminal history, sexual offender history and terrorist information.

Signature of Applicant #1 _____ Date: _____ Time: _____

Signature of Applicant #2 _____ Date: _____ Time: _____