2016 RESIDENTIAL RENTAL APPLICATION

To be completed separately by every adult tenant. Please block print clearly. Property Address Desired Lease Start _____ Unit Number (if applicable) Desired Lease End **Personal Information** Full Name Social Security (Needed to process) _____ E-mail ____ Home Phone _____ Work Phone _____ Cell Phone _____ Date of Birth (MM/DD/YYYY) ______ Driver's License # _____ State ____ Vehicle Make
Mo del
Year
L icense Plate #
State If a student: Year in School Degree Sought Anticipated month and year of graduation **Rental/Housing Information** Current Street Address _____ City ______State _____Z ip _____Years at this address _____ Reason for Leaving Owner/Manager _____ P hone Previous Street Address City State Z ip Years at this address Reason for Leaving Owner/Manager P hone Number And Types Of Pets Do you smoke? (Circle one:) No / Outdoors only / I would like to smoke indoors Water-filled Furniture You Own Name and Relationship of Every Adult To Live With You Name and Relationship of Every Child To Live With You Have you ever been arrested? _____ Filed for bankruptcy? _____ Been sued? _____ Been evicted? _____ Are you a prior sex offender who is required to register an address with police? _____ If you responded "yes" to any of the above, please explain:

(Continued on reverse)

Employment History and Income

Current Occupation	Monthly income (before deductions	s)
Name of Current or Most Rec	ent Employer	
Address of Employer	P hone	
Years With This Employer	Name of Supervisor	P hone
Are you still working at this j	ob?	
If a student, will you continue	the same job at the same rate of pay while you	ou're in school?
If you answered "no" to either during the tenancy:	of the two questions just above, please descri	ribe anticipated employment/other sources of support
Personal References (Note:	Relatives are not valid references)	
Name	Relationship to yo	ouP hone
		pu Phone
any and all of the information to share and/or discuss the inf references, with the persons li	above, check credit information, and/or conta formation above, and the information obtained sted under the heading "Name and Relationsh	thorize the Owner or Manager of the property to verify act references. I further authorize the Owner or Managed from credit investigations and/or communications with hip of Every Adult To Live With You" above. I plication are grounds for termination of leases and
Date	Signature	

Please return to Brett Glass, Manager (Hand-deliver or call for FAX #)