## 205 North Nine

## **RENTAL APPLICATION**

|                              | BLDG. ADDRESS:  | APT. #:          |                     | SHOWED BY:                                 | SHOWED DATE:  |  |
|------------------------------|---|------------------|---------------------|--|---------------|--|
|                              | LENGTH OF LEASE:  | To COMMENCE:     |                     | TO EXPIRE:                                 | MONTHLY RENT: |  |
|                              |   |                  |                     |  |               |  |
|                              | APPLICANT INFORMATION NAME: DOB.#:  |                  |                     |  |               |  |
|                              | NAME:   |                  |                     |  |               |  |
|                              | DRIVER'S LICENSE #:   |                  | STATE:              | PETS (SPE                                  | CIFY):        |  |
|                              | Home Phone:   | WORK PHONE:      | CELL:               | EMAIL:                                     |               |  |
|                              | CURRENT ADDRESS:  | APT#:            | CITY:               | STATE:                                     | ZIP:          |  |
|                              | REASON FOR MOVING:  |                  | MONTHLY RENT:       | TERM:                                      |               |  |
|                              | PREVIOUS ADDRESS:   |                  | MONTHLY RENT:       | TERM:                                      |               |  |
|                              | ADDITIONAL APPLICANT:   |                  | (PLEASE SUBMIT ADDI | TIONAL APPLICATION FOR 2 <sup>ND</sup> APP | LICANT)       |  |
| BUSINESS OR SOURCE OF INCOME |   |                  |                     |  |               |  |
|                              | PRESENT OCCUPATION:   |                  | EMPLOYER:           |  |               |  |
|                              | DDRESS: DATES OF EMPLOYMENT:  |                  |                     |  |               |  |
|                              | SUPERVISOR:   |                  | PHONE#:             |  |               |  |
|                              | ANNUAL INCOME:  |                  | ADDITIONAL SOURCES  | OF INCOME:                                 |               |  |
|                              | ALIMONY/CHILD SUPPORT OR LOAN PAYMENTS:   |                  |                     |  |               |  |
|                              |   |                  |                     |  |               |  |
|                              | REFERENCES  |                  |                     |  |               |  |
|                              | PRESENT LANDLORD:   | ADDRESS:         |                     | PHONE:                                     |               |  |
|                              | PREVIOUS LANDLORD:  | ADDRESS:         |                     | PHONE:                                     |               |  |
|                              | BANK:   | CHECKING: Y/ N   | SAVINGS: Y/ N       | I OTHI                                     | ERS: Y/ N     |  |
|                              | PERSONAL REFERENCE:   | ADDRESS:         |                     | PHONE:                                     |               |  |
|                              | HAVE YOU EVER FILED FOR BANKRUPTCY? Y / N BEEN EVICTED? Y / N BEEN CONVICTED OF A FELONY? Y / N   |                  |                     |  |               |  |
|                              | HISTORY OF BED BUGS IN PRESENT APARTMENT? Y / N IN PREVIOUS APARTMENTS? Y / N   |                  |                     |  |               |  |
| ADDITIONAL OCCUPANTS         |   |                  |                     |  |               |  |
|                              |   |                  |                     | E.C.                                       |               |  |
|                              | ADULTS:   | NO. OF CHILDREN: | AG                  | ES:  |               |  |
|                              | A NON-REFUNDABLE APPLICATION FEE OF \$50.00 IS REQUIRED FOR EACH APPLICANT! YOU CAN MAKE A PAYMENT BY CASH, MONEY ORDER OR CERTIFIED CHECK ONLY.  |                  |                     |  |               |  |
|                              | EMERGENCY CONTACT:  | ADDRESS:         |                     | PHONE:                                     |               |  |
|                              | I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I HEREBY AUTHORIZE MANAGEMENT. TO REQUEST A COPY OF MY CREDIT REPORT,<br>VERIFY MY REFERENCES AND CREDIT AS THEY RELATE TO MY TENANCY AND TO FUTURE RENT COLLECTIONS. I UNDERSTAND THIS INFORMATION IS<br>BEING HELD CONFIDENTIALLY. I ALSO UNDERSTAND THAT IF I PLACE A DEPOSIT FOR AN APARTMENT AND DECIDE NOT TO RENT IT - THE DEPOSIT IS<br>NON-REFUNDABLE. |                  |                     |  |               |  |
|                              | SIGNATURE: DATE:  |                  |                     |  |               |  |