RENTAL APPLICATION

A. HOUSEHOLD MEMBERS - ADULTS

List yourself and residents over the age of 18. Children should be listed in Part B.

Last Name	First Name	MI	So	cial Secui	rity Number
Birth Place (City, State)	Date of Birth		Driver's Licer	nse# or St	ate ID#
Current street address		City		State	Zip Code
Home phone number	Work phone	number	Cel	ll phone n	umber
E-mail address					
Name and complete mailir	g address of curr	ent landlo	ord		
MARITAL STATUS:					
☐ Single ☐ Married	☐ Widowe	ed [Divorced	☐ Se	eparated
	check all that appemployed idicapped	oly):] Self Em _l] Veteran		Retired Studer	
Last Name	First Name	MI	So	cial Secu	rity Number
Birth Place (City, State)	Date of Birth	Γ	Oriver's Licen	se# or Sta	ate ID#
Current street address		City		State	Zip Code
Home phone number	Work phone	number	Cel	ll phone n	umber
Name and complete mailin	g address of curr	ent landlo	ord		
MARITAL STATUS:					
☐ Single ☐ Married	☐ Widowe	ed [Divorced	☐ Se	eparated
	check all that appemployed indicapped	oly):] Self Em _l] Veteran		☐ Retired	

	HOUSEHOLD MEMBERS				
_is	t all residents under 18 year	s of age who live	e with you over 5	0% of the year	
1					
1.	Last Name	First Name	MI	Date of Birth	
	Last Name	Tilotivallic	IVII	Date of Diftil	
	Name and complete mailing	g address of abs	ent parent		
2.					
	Last Name	First Name	MI	Date of Birth	
	Name and complete mailing	n address of abs	ent narent		
	Traine and complete maining	g addices of abs	ont paront		
3.					
	Last Name	First Name	MI	Date of Birth	
	Name and complete mailing	address of abs	ent parent		
			•		
<u>C.</u>	INCOME				
1.				e a ledger of income and ex	
	Name of primary wage earn	ner		Occupation	
	Current Employer's Name	Address		City, State, ZIP	
	Phone Number				
			☐ Weekly ☐ Bi-weekly		
			☐ Monthly		
	Dollars per hour Hours	per pay period	Pay period	Length of employment	(year, months)
	Name and address of previ	ous employer		Length of employment	_ (year, months)
2.	Name of a			0	
	Name of secondary wage e	earner		Occupation	
	Current Employer's Name	Address		City, State, ZIP	
	Phone Number				

Dollars per hour	Hour	s per pa	y period	<u>□ Monthly</u> Pay perio	od Length o	f employme	ent (year, months)
Name and address Does any househ	old men	nber rec	eive or ex		ve money from ar	ny source lis	ent (year, months) sted below? amount received.
tem	Circle	ii yes,		of recipient a			y amount
General Assistance Unemployment Workers Comp Child Support Spouse Support Social Security SSI Pension/Retirement Veteran's Benefits Other, Explain	Yes	No					
). REGULAR MON	THLY EX	KPENSI	≣S				
Rent Phone Cell phone Medical expense Electric Car payment Insurance Car Insurance Heating gas	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Credit card Credit card Loan Loan Cable Rentals Water Other:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
criminal activity?	member nethamp Yes	of your hetamin	e or other Io	drugs, or be	ed in felonious us en ARRESTED fo	or any drug	related

2.	Have you or any member of your household ever been ARRESTED for a criminal activity other than a traffic violation?
	If yes, please give dates and charges, city and state:
3.	Are you or any household member subject to a registration requirement under a state sex offender registration program? Yes No
	If yes, please give offender's name:
4.	Have you or any member of your family <i>been a party to</i> any suits, judgements, collections, <i>foreclosures, or bankruptcies</i> ?
	If yes, please give dates and charges, city and state:
5.	Are you a current user of illegal drugs?
6.	Do you abuse alcohol to the extent that you are a danger to others' health, safety, or right to peaceful enjoyment? Yes No
7.	Mark yes or no for each question.
	Have you ever been evicted, had property foreclosed upon or requested to vacate a property? Yes No
	Have you ever refused to pay rent? Have you ever had your wages garnished? Have you ever had a security deposit not refunded? Have you ever broken a lease? Have you ever been sued for or accused of damaging rental property? Have you ever sued a landlord or included a landlord in a bankruptcy? Have you subject to being transferred with your job? Yes No Yes No
	Do you know of anything that may interrupt your ability to pay rent? Yes No Is there anything to prevent you from placing utilities in your name? Yes No Do you or anyone named on this application smoke? Yes No Do you or anyone named on this application own a pet ? Yes No
8.	Name of closest family member not living with you who would know how to reach you:
	Name Relationship to you
	Address
	Address Street City State Zip Code
	Phone
F.	RENTAL BACKGROUND
	ease list <u>ALL</u> addresses used by any household members in the past 5 years. <u>If all information is not ovided, it could result in denial or delay in processing your application.</u>
1.	Address where you lived: Street/location City State Zip Code
	Dates lived there: From to
	Name of landlord:

	Landlord's mailing	address: _	Street/PO Box	City	State Zip Code
	Phone number:				
2. Addre	ess where you lived:	Street/loc	ation	City	State Zip Code
			to		
	Name of landlord:				
	Landlord's mailing	address: _	Street/PO Box	City	State Zip Code
	Phone number:				
3. Addre	ess where you lived:	Street/loc	ation	City	State Zip Code
	Dates lived there:	From	to	_	
	Name of landlord:				
	Landlord's mailing	address: _	Street/PO Box	City	State Zip Code
	Phone number:		-		
4. How m	nany places have yo	ou rented in	the last 10 years?		_
5. How r	many cities have yo	u lived in du	uring the past 10 years?	?	
G. OTHI	ER/EXPLANATION	S			
Use the	area below to add	information	or to further explain an	y of your previo	us answers.

Read the following certification and notice before signing

APPLICANT CERTIFICATION & NOTICE

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income of any household member within fifteen (15) days of the change. I also understand that no one is permitted to move into my unit without prior written approval of my landlord.

I certify that all information given regarding household composition, income, allowances, personal background, and rental history is accurate and complete to the best of my knowledge and belief.

I further understand that by signing this application, I give permission to process for credit and criminal references, including rental history and a <u>POLICE CHECK</u> to support the information I have provided.

Signature	Date
Printed Name	
Signature	Date
Printed Name	
Signature	Date
Printed Name	
Signature	Date
Printed Name	

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