

**MANAGER'S , LIST - Visual proof of Drivers License or State I.D. & Social Security #  YES  NO**

- CO-SIGNER
- W/ CURRENT TENANT
- MOVE IN SPECIAL
- OTHER

MANAGEMENT CO.	COMMUNITY NAME	CONTACT NAME	TELEPHONE #	FAX #

APARTMENT # \_\_\_\_\_ RENT \$ \_\_\_\_\_ MOVE IN DATE \_\_\_\_\_

**APPLICATION TO RENT**

**IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, INCLUDING INDIVIDUALS 18 OR OLDER, USE SEPARATE FORMS FOR EACH APPLICANT.**

APPLICANT'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #		
SPOUSE'S Last Name			First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
Names and ages of other occupants				Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have waterbed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CURRENT RESIDENCE**

APPLICANT'S Present Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ( ) ( )	Monthly Payment \$
Name of <input type="checkbox"/> Present Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)				Landlord Day Phone ( ) ( )		Landlord Night Phone ( ) ( )	
Why are you vacating your current residence?							

**PREVIOUS RESIDENCE**

APPLICANT'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)				Landlord Day Phone ( ) ( )		Landlord Night Phone ( ) ( )	
SPOUSE'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)				Landlord Day Phone ( ) ( )		Landlord Night Phone ( ) ( )	

**EMPLOYMENT HISTORY**

APPLICANT Employed By	Supervisor's Name / C. O.	Hire Date ____ Mo. ____ Yr.				
Address	City	State	Zip	Phone ( ) ( )	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
APPLICANT Previous Employment			Supervisor's Name / C. O.			Hire & Term. Dates
Address	City	State	Zip	Phone ( ) ( )	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
SPOUSE Employed By			Supervisor's Name / C. O.			Hire Date ____ Mo. ____ Yr.
Address	City	State	Zip	Phone ( ) ( )	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
ADDITIONAL INCOME SOURCE	Amount	Frequency	ADDITIONAL INCOME SOURCE	Amount	Frequency	

