

Please complete one application for each person. Please provide 2 forms of identification for verification purposes. One form of identification must be a valid government ID, such as a passport, driver’s license, etc.

Property Address you want to lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Move-in Date (mm/dd/yr): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Rate:$\_\_\_\_\_\_\_\_\_\_ Security Deposit:$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lease Term you would like:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEBSITE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACEBOOK\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS/PRODUCTS SELLING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Information:

Last Name: First Name: Middle Name:

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a co-applicant? ❑ yes ❑ no If yes, co-applicant must submit a separate application.

Date of Birth (mm/dd/yr): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ Social Security Number: \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

Driver’s License #: State: Expires (mm/dd/yr): \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Marital Status:

Home Address:

How long residing at this address (yr): Own or Rent: If Rent, Rent Amount: $

Landlord’s Name: Landlord’s Phone: (\_\_\_\_\_\_\_\_) - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Your Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s: Home: (\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_ Mobile: (\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_ Business: (\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_

Business Name: Phone: (\_\_\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Business Type: Position:

Current Business Address:

Number of Years in Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married: Yes (\_\_\_) No (\_\_\_) If yes, please provide information for your spouse.

Spouse’s Last Name: First: Middle:

Bank’s name and phone number at which Landlord may verify good funds for any rent, fee, or deposit

1.

2.

Personal References (list 2 personal references not related to you).

1. Name: Phone: (\_\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

 Street: City: State: Zip:

2. Name: Phone: (\_\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

 Street: City: State: Zip:

Have you ever been evicted as a tenant? Yes \_\_\_\_ No \_\_\_\_; If yes, please explain:

Have you ever been convicted of a criminal offence? Yes \_\_\_\_ No \_\_\_\_; If yes, please explain:

In case of an emergency please notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Street: City: State: Zip:

WEBSITE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TENANT WILL BE DENIED if any information is misrepresented on this application. If misrepresentations are found after the lease/rental agreement is signed, your agreement may be terminated at landlord’s sole discretion.

This is to advise that I the undersigned hereby authorize the person or firm to whom my application has been submitted, to obtain a consumer credit report, to conduct a criminal record search, an eviction search and to make any other inquiries as deemed necessary in determining eligibility for tenancy and assessing credit worthiness. I understand that the information set out in the rental application form may be used for purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with legal requirements and for collection purposes should rent be left owing or rental property damaged at termination of lease or end of tenancy.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees: Applicant must submit a non-refundable fee of $ 50.00 for processing and reviewing this application. Please Zelle 832-279-2515 or Venmo @brad-miller-111