

## Standard Rent To Own/Rental Application

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INI	FORMA	ΓΙΟΝ										
FIRST NAME		MIDDLE			LAST			S.S.#				
DATE OF BIRTH	TE OF BIRTH / / MARITAL STATUS				MARRIED Since DIVORCED Since				DRIVERS LICENSE # STATE			
PHONE	[]	CELL [_] HOME	PHONE		FXT			EMAIL				
PRESENT HOME ADDRESS					CITY/STATE/ZI	Р						
LENGTH OF TIME PRESENT LA				ANDLORD				LANDLORD PHONE				
REASON FOR LEAVING					AMOUNT OF RENT				Is your present rent up to date?			
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP				.1				
LENGTH OF TIME PREVIOUS			PREVIOUS L	ANDLORD				LANDLORD PHONE				
REASON FOR LEAVING					AMOUNT OF RENT				Was your rent up to date?			
NEXT PREVIOUS HOME ADDRESS					CITY/STATE/ZI	Р						
LENGTH OF TIME	LENGTH OF TIME NEX			IOUS LANDLORD				LANDLORD PHONE				
REASON FOR LEAVING				AMOUNT OF RENT				Was your rent up to date?				
PROPOSED OC	CLIPAN	IT(S)						•				
NAME	PROPOSED OCCUPANT(S) NAME RELATIONSHIP					OCCUPATIO	N		AGE			
NAME RELATION			ONSHIP			OCCUPATION			AGE			
NAME RELAT			NTIONSHIP			OCCUPATION			AGE			
NAME RELATIO			ONSHIP			OCCUPATION			AGE	AGE		
NAME RELATIONSHIP			ONSHIP				OCCUPATION			AGE		
DDODOSED DE	T(S)											
PROPOSED PET(S) NAME TYPE/BREED					LINDOO	D L OUTDOO	ID.	AGE				
NAME		TYPE/B	TYPE/BREED			☐ INDOOR ☐ OUTDOOR ☐ OUTDOOR ☐ OUTDOOR			AGE			
NAME		TYPE/B	TYPE/BREED			☐ INDOOR ☐ OUTDOO			AGE			
VEHICLE(S) IN		TION	MODEL		COLOR		PLATE #		STATE			
	MAKE		MODEL		COLOR				STATE			
YEAR	MAKE		MODEL		COLOR		PLATE #		SIAIE			
EMPLOYMENT	1											
CURRENT EMPLOYER			OCCUPATION				HOURS/WEEK					
SUPERVISOR			PHONE	E EXT:			YEARS EMPLOYED					
ADDRESS				CITY/STATE/ZIP								
CURRENT EMPLOYER				OCCUPATION			HOURS/WEEK					
SUPERVISOR					HONE EXT:			VEAL	YEARS EMPLOYED			
SUPERVISOR				PHONE	_	_	EXI:	I TEAL	K2 EMPLOYED			
SUPERVISOR ADDRESS				PHONE  CITY/STATE/ZIP	_	_	EXI:	TEAL	RS EMPLOYED			
ADDRESS					_	_	EXI:	TEAL	RS EMPLOYED			
ADDRESS	KIY I BINNEEN	IV MONTHIV	VEADIV		-	_	EAT:		OF OF INCOME	ES INO		
ADDRESS  INCOME  CURRENT S WEE		LY MONTHLY		CITY/STATE/ZIP	_	_	EAT	PROC	DF OF INCOME Y	ES NO		

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CREDIT CARD / FINANCIAL IN	FORMATION						
CAR LOAN LIEN HOLDER	ALANCE MONTHLY WED PAYMENT			CREDITOR'S			
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #				
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S				
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S				
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #				
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER				
EMERGENCY / PERSONAL REF	FRENCE INFORMAT						
EMERGENCY CONTACT	PHONE	CELL   HOME	PHONE	_	_	<b>і</b> номе	TI WORK
RELATION	ADDRESS		CITY/STATE/ZIF	•		I HOME	WORK
EMERGENCY CONTACT	PHONE	Tieru Duous	PHONE			Lituone	
RELATION	ADDRESS	CELL HOME	CITY/STATE/ZIF			_  HOME	WORK
PERSONAL REFERENCE	PHONE	L North L Nuoves	PHONE	_	_		- Iwon/
RELATION	ADDRESS	CELL   HOME	CITY/STATE/ZIF			П НОМЕ	WORK
PERSONAL REFERENCE	PHONE	Lesu Duous	PHONE				- Juneary
RELATION	ADDRESS	CELL HOME	CITY/STATE/ZIF	-		HOME	] WORK
APPLICANT QUESTIONNAIRE	/ AUTHORIZATION						
Has applicant ever been sued for bills?	Has applicant ever been locked out of	their apartment by the	ne sheriff?	YES	NO		
Has applicant ever been bankrupt?	Has applicant ever been brought to co						
Has applicant ever been guilty of a felony?    YES  NO	Has applicant ever moved owing rent or damaged an apartment?						
Has applicant ever broken a Lease?	Is the total move-in amount available	now (rent and depos	it)?	YES	_) NO		
Applicant authorizes the landlord to contact past and present lan	dlords, employers, creditors, credit burea	us, neighbors and an	y other sources	deemed r	necessary to i	nvestigate a	pplicant.
All information is true, accurate and complete to the best of app	olicant's knowledge. Landlord reserves th	ne right to disqualify t	enant if inform	nation is no	ot as represe	nted.	
ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATI	ON ABOUT THE UNDERSIGNED UPON I	Presentation of th	IIS FORM OR A	PHOTOCO	OPY OF THIS	FORM AT AN	NY TIME.
x					_		
APPLICANT SIGNATURE							
If you have any questions about the	interpretation or legality of this form, p	lease consult an attor	rney or other q	ualified pe	erson.		
NOTES:							

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