

# APPLICATION TO RENT

Each Individual Occupant Who is Responsible for Rent Payment MUST Complete a Separate Application Form For Each Adult Occupant

COPYRIGHT 2011 LANDLORD.COM

CALL NTN For Tenant Screening & Credit Reports!

1-800-228-0989 [www.Landlord.com/ntn\\_credit.htm](http://www.Landlord.com/ntn_credit.htm)

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	EMAIL ADDRESS	HOME PHONE NUMBER ( ) ( ) ( )		CELL NUMBER ( ) ( ) ( )	
1 PRESENT HOME ADDRESS				CITY	STATE	ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ( ) ( ) ( )	
2 PREVIOUS HOME ADDRESS				CITY	STATE	ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ( ) ( ) ( )	
3 NEXT PREVIOUS HOME ADDRESS				CITY	STATE	ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ( ) ( ) ( )	

DESCRIBE EVERY PERSON WHO WILL OCCUPY THE PREMISES:	NAME	NAME	NAME
	NAME	NAME	NAME

WILL YOU HAVE (Y/N) ANY PETS?	IF YES, PLEASE DESCRIBE	WILL YOU HAVE (Y/N) ANY LIQUID FILLED FURNITURE?	IF YES, PLEASE DESCRIBE
-------------------------------	-------------------------	--	-------------------------

Present Occupation	Employer Name	Supervisor Name:
--------------------	---------------	------------------

How long with this Employer	Phone number ( ) ( ) ( )	Employer address
-----------------------------	--------------------------	------------------

Prior Occupation	Employer Name	Supervisor Name:
------------------	---------------	------------------

How long with this Employer	Phone number ( ) ( ) ( )	Employer address
-----------------------------	--------------------------	------------------

Current Gross Income \$ PER <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Month	Name of your Bank	Branch or Address	<input type="checkbox"/> Checking	Account Number
			<input type="checkbox"/> Savings	

Please List ALL of your Financial Obligations (If More Creditors Use Additional Sheet of Paper)			
Name of Creditor	Address	Phone Number ( ) ( ) ( )	Monthly Payment Amt.

In Case of Emergency, Call: 1.	Phone: ( ) ( ) ( )	City/St:	Relationship:
In Case of Emergency, Call: 2.	Phone: ( ) ( ) ( )	City/St:	Relationship:
Personal Reference: 3.	Phone: ( ) ( ) ( )	City/St:	Relationship:
Personal Physician: 4.	Phone: ( ) ( ) ( )	City/St:	Relationship:

List ALL Automobiles and any Other Vehicles:	1. Make	Model	Year	License #
2. Make	Model	Year	License #	OTHER

Have you ever filed for bankruptcy? IF YES, DATE BK FILED	Have you ever been evicted or asked to move? (Please Explain)
---	---

**Credit and Reference AUTHORIZATION**

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$ \_\_\_\_\_ which will be used to verify Applicant's credit history and other background information. The amount charged is itemized as follows:

1. Actual cost of credit report, including any eviction search, and/or other verifying reports:	\$ _____
2. Landlord/Agent cost to process and screen applicant's supplied information:	\$ _____
3. TOTAL FEE charged (not to exceed any state mandated maximum):	\$ _____

The undersigned makes application to rent housing accommodations designated as:

Address of: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_

the rental for which is \$ \_\_\_\_\_ per  Month  Week  Other \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_