

## RENTAL APPLICATION REQUIREMENTS

1. Application (attached to documents) completely filled out with all lease holders and occupants listed on application. Social Security number for each applicant over 18.
2. Current credit report (<60 days) WITH score for each applicant whose income will be counted towards household expenses. You can get a copy of your report at [www.quizzle.com](http://www.quizzle.com) OR submit non-refundable \$50 application fee, certified funds or money order (made out to Due Diligence, LLC) with this application and we will obtain credit report
3. 1 month proof of income, check stubs w/bank account verification of deposits OR signed release from employer to release information to Due Diligence, LLC.
4. Driver's license or ID # for each occupant/applicant over 18 years of age.

Application will not be processed without all of the above. We may request more information while processing your application. All references will be checked and application will not be considered until all information provided has been verified.

Please use application and lease provided in listing.

You can email your completed application package to [swain.homes@gmail.com](mailto:swain.homes@gmail.com) OR fax to (866) 245-9951.

### CHECKLIST

- Completed Application
- Credit Report or \$50 Application fee
- Proof of Income
- Driver's License Number (or other ID if no license)
- This signed checklist

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Renter's Printed Name

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Renter's Signature

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Renter's Printed Name

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Renter's Signature

# Rental Application

## Applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

## Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

## Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

## Co-applicant Information, if Married

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

## Co-applicant Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

## References

Name:

Address:

Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of co-applicant:

Date: