## **Rental Application**

| Applicant Information   |                                   |                            |  |              |           |           |
|---|-----------------------------------|----------------------------|--|--------------|-----------|-----------|
| Name:   |                                   | Email:                     |  |              |           |           |
| Date of birth:  |                                   | SSN:                       |  |              | Phone:    |           |
| Current address:  |                                   |                            |  |              |           |           |
| City:   | State:                            |                            |  |              | ZIP Code: |           |
| Own Rent (Circle One)   | Monthly payment or rent:          |                            |  |              | How long? |           |
| Previous address:   |                                   |                            |  |              |           |           |
| City:   | State: ZIP                        |                            |  |              | ZIP Code: |           |
| Owned Rented (Circle One)   | 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) Ann |                            |  | nual income: |           |           |
| Emergency Contact   |                                   |                            |  |              |           |           |
| Name of a person not residing with you:   |                                   |                            |  |              |           |           |
| Address:  |                                   |                            |  |              |           |           |
| City:   | State: ZIP Cod                    |                            |  | IP Code      | e:        | Phone:    |
| Relationship:   |                                   |                            |  |              |           |           |
| Co-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: Z                          |                            |  | ZIP Code:    | ZIP Code: |           |
| Owned Rented (Please circle)  | Monthly payment or rent:          |                            |  |              | How long? |           |
| Co-applicant Employment Information   |                                   |                            |  |              |           |           |
| Current employer:   |                                   |                            |  |              |           |           |
| Employer address: How long?   |                                   |                            |  |              |           |           |
| Phone: E-r  |                                   | nail:                      |  |              | Fax:      |           |
| City: State:  |                                   |                            |  |              | ZIP Code: |           |
| Position:   | Hourly                            | Salary (Please circle) Ann |  | ual income:  |           |           |
| References (non-related)  |                                   |                            |  |              |           |           |
| Name: Address: Phone:   |                                   |                            |  |              |           |           |
| Name: Address:  |                                   |                            |  |              | Phone:    |           |
|   |                                   |                            |  |              |           |           |
| I authorize the verification of the information provided on this form as to my credit and employment. |                                   |                            |  |              |           |           |
| Signature of applicant:   |                                   |                            |  |              |           | Date:     |
|   |                                   |                            |  |              |           |           |
| Signature of co-applicant:  |                                   |                            |  |              |           | Date:     |

\*Please attach a copy of valid driver's license or other official state/federal photo ID Return Completed Application to drop box at 609 E 9<sup>th</sup> St (Diamond Plumbing Offices)