



# REALTOR® ASSOCIATION OF THE FOX VALLEY RENTAL APPLICATION



Occupancy Date Desired: \_\_\_\_\_ Preferred Length of Lease: \_\_\_\_\_

## APPLICANT #1

First	Middle	Last	Birth Date	Social Security #	Driver License #
				- -	
Cell Phone		Alternate Phone		E-Mail Address	
Current Street Address			City	State	Zip
Do you currently own, rent, or occupy this residence?			Monthly Payment	Dates at Current Residence	

## APPLICANT #2

First	Middle	Last	Birth Date	Social Security #	Driver License #
				- -	
Cell Phone		Alternate Phone		E-Mail Address	
Current Street Address			City	State	Zip
Do you currently own, rent, or occupy this residence?			Monthly Payment	Dates at Current Residence	

## ADDITIONAL OCCUPANTS

Full Name	Birth Date	Relationship to Applicant

## PETS TO OCCUPY RESIDENCE *(please list additional pets on back of application)*

Type of Pet	Breed	Weight

## INCOME HISTORY

<b>APPLICANT #1</b>			
Employer:		Supervisor Phone:	
Supervisor Contact:		Salary/Hourly Wage:	
Length of Employment:		List Additional Income:	
Employer Address:			
<b>APPLICANT #2</b>			
Employer:		Supervisor Phone:	
Supervisor Contact:		Salary/Hourly Wage:	
Length of Employment:		List Additional Income:	
Employer Address:			



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## REFERENCES

APPLICANT #1		APPLICANT #2	
1. Current Landlord		1. Current Landlord	
Phone:		Phone:	
Address:		Address:	
Length of Time Known:		Length of Time Known:	
2. Previous Landlord		2. Previous Landlord	
Phone:		Phone:	
Address:		Address:	
Length of Time Known:		Length of Time Known:	
3. Personal Reference		3. Personal Reference	
Phone:		Phone:	
Address:		Address:	
Length of Time Known:		Length of Time Known:	
4. Professional Reference		4. Professional Reference	
Phone:		Phone:	
Address:		Address:	
Length of Time Known:		Length of Time Known:	

## CO-SIGNER INFORMATION (OPTIONAL)

Name:		Relationship to Applicant:	
Address:		Phone:	
Social Security #:		Driver's License #:	
Date of Birth:		E-Mail Address:	

## EMERGENCY CONTACT INFORMATION FOR APPLICANT(S)

Name	Address	Phone

Are you able to handle minor maintenance/upkeep in the property?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have renter's insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have water filled furniture?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed for bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been evicted or are you now undergoing an eviction?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you smoke?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*If you marked "Yes" for any of these questions, please explain on the backside of this document.

## DOCUMENT(S) ATTACHED TO APPLICATION (place a checkmark in the box if attached)

Paystubs (2 most recent)	<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Credit Report	<input type="checkbox"/>	Criminal Background	<input type="checkbox"/>	Sex Offender Registry	<input type="checkbox"/>
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A fee of \$\_\_\_\_\_ is charged to all rental applicants for the purpose of verifying the information furnished on this application.

Applicant(s) consent that Lessor or the Lessor's Designated Licensee representing the Lessor may contact Employers, Previous Landlords, and References for the purposes of identity and application verification. Applicant(s) permit the Designated Licensee representative to perform appropriate background checks and obtain information from credit reporting sources and law enforcement agencies. Applicant(s) acknowledge that this Application will become part of the Lease Agreement when approved. If any information is found to be incorrect, the application and any subsequent Lease Agreement may become void. **False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit(s).**

Signature of Applicant #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Signer \_\_\_\_\_ Date \_\_\_\_\_

## REALTOR® INFORMATION

Name		Brokerage	
Contact Phone		E-Mail Address	