

Present Address:				
Landlord/Owner Name: Or Mortgage Holder:			Telephone #	
Monthly Rental Amount:	Length of Tenancy:		Was 30 Day Notice Given: When?:	
Previous Address:				
Landlord/Owner Name: Or Mortgage Holder:			Telephone #	
Monthly Rental Amount:	Length of Tenancy:			
Reason for Leaving?				
Have you Ever Broken a Lease?: If So When?				
Have you Ever Refused to Pay Rent For Any Reason? If So When?				
Have you Ever Had An Eviction Filed Against You and Been Asked to Move Out? If So When?				
Do you have any Water Filled Furniture: If yes, Please Specify:				
VEHICLE INFORMATION				
Auto License Plate Number:	State:	Make:	Model:	Year:
Auto License Plate Number:	State:	Make:	Model:	Year:
Do you have any RV's, boats, trailers or motorcycles?				
Vehicle License Plate Number:	State:	Make:	Model:	Year:
Vehicle License Plate Number:	State:	Make:	Model:	Year:
EMPLOYMENT INFORMATION				
Applicant's Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime (less than 32 hours) <input type="checkbox"/> Student				
<input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Un-Employed Other _____				
Present Employer:			Date of Employment:	
Telephone Number:			Supervisors Name:	
Position:			Gross Wages:	
			Hour	Week Month
Additional Employer (Secondary):			Date of Employment:	
Telephone Number:			Supervisors Name:	
Position:			Gross Wages:	
			Hour	Week Month
Additional Income:				
<small>Please list verifiable sources of income you would like considered. Applicant may be required to produce documentation or sign a release statement . Child support, Alimony, or separate maintenance need not be disclosed unless you desire this additional income to be considered for qualification.</small>				
Additional Source:				Amount: \$
How long have you been receiving income from this source?				
How long do you expect this income to continue?				
MISCELLANEOUS QUESTIONS:				

Applicants' Initials: () () () ()

Have you ever filed for Bankruptcy? If yes please specify:	If yes When? Have any other Occupants been charged with a Felony? If yes, please specify:
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EMERGENCY INFORMATION

[1] Emergency Contact:		Relationship:	
Address:			
Telephone Number:	home:	work:	cellular:
[2] Emergency Contact:		Relationship:	
Address:			
Telephone Number:	home:	work:	cellular:

Please Sign (Primary)	Date
Print Name	

Please Sign (Secondary)	Date
Print Name	



EQUAL HOUSING
OPPORTUNITY

We Do Business in Accordance With the Federal Fair
Housing Law

(The Fair Housing Amendments Act of 1988)

Applicants' Initials: [] [] [] []