

Please fax back the following forms to 855-661-6848:

- 1 - Application form; 2 - copy of driver's license;
- 3 - copy of pay-stub or proof of income; 4 - authorization form.

RENTAL APPLICATION

All Lease Terms are for a minimum of 1 year.

APPLICANT (Co-applicant info on page 2)

Property you are interested in _____

Applicant: _____ Date Of Birth: _____ / _____ / _____

Application SSN: _____ Home Phone Number _____

Cell # _____ Number of Adults who will occupy house _____

Children/ages _____ Pets _____

Names : _____

DO YOU SMOKE? _____ Will there be smoking in the house? _____

In case of emergency, notify: _____ Phone # _____

RESIDENCE HISTORY

PRESENT ADDRESS: _____ City: _____ St: _____ Zip: _____

HOW LONG? ** _____ LANDLORD NAME & PH. # _____

****If you have lived at current residence for less than two 2 years, please list previous residence information below.**

PEVIOUS LANDLORD: _____ PHONE: _____

PREVIOUS ADDRESS: _____

City: _____ St: _____ Zip: _____

HOW LONG? ** _____

****If you have lived at current & previous residence for less than two 2 years, please list additional previous residence information on a separate blank page.**

PREVIOUS LANDLORD: _____ PHONE: _____

HAVE YOU BEEN EVICTED within the last ten years? _____ Filed Bankruptcy in the last 5 years? _____
Please explain a "yes" answer on A separate blank page.

EMPLOYMENT HISTORY

EMPLOYED BY: _____

ADDRESS: _____ State/Zip _____ / _____

HOW LONG? * _____ PHONE#: _____

****If employed at current job less than two 2 years, please list previous work history on a separate blank page.**

POSITION: (Applicant) _____

SUPERVISOR: _____ SUPERVISOR'S PHONE NUMBER: _____

APPROXIMATE MONTHLY INCOME: _____

I certify that the information given herein is complete, true and correct. Landlord or her agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, obtain a credit report, and to procure such other information which Landlord or Agent may require to evaluate this application.

Signature: _____ Date: _____

Applicant

CO-APPLICANT

Co-Applicant: _____ Date Of Birth: _____ / _____ / _____

SSN: _____ Home Phone Number _____

Cell # _____ DO YOU SMOKE? _____

In case of emergency, notify: _____ Phone # _____

RESIDENCE HISTORY

PRESENT ADDRESS: _____ City: _____ St: _____ Zip: _____

HOW LONG?*** _____ LANDLORD NAME & PH #: _____

****If you have lived at current residence for less than two 2 years, please list previous residence information below.**

PEVIOUS LANDLORD: _____ PHONE: _____

PREVIOUS ADDRESS: _____

City: _____ St: _____ Zip: _____

HOW LONG?*** _____

****If you have lived at current & previous residence for less than two 2 years, please list additional previous residence information on a separate blank page.**

PREVIOUS LANDLORD: _____ PHONE: _____

HAVE YOU BEEN EVICTED within the last ten years? _____ Filed Bankruptcy in the last 5 years? _____
Please explain a "yes" answer on A separate blank page.

EMPLOYMENT HISTORY

EMPLOYED BY _____

ADDRESS: _____ State/Zip _____ / _____

HOW LONG?* _____ PHONE#: _____

****If employed at current job less than two 2 years, please list previous work history on a separate blank page.**

POSITION: _____

SUPERVISOR: _____ SUPERVISOR'S PHONE NUMBER: _____

APPROXIMATE MONTHLY INCOME: _____

I certify that the information given herein is complete, true and correct. Landlord or her agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, obtain a credit report, and to procure such other information which Landlord or Agent may require to evaluate this application.

Signature: _____ Date: _____

Co-Applicant