



## **Rental Application**

Property Details								
Property Address	And the second second section is the second property of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the section in the section is the second section in the section is the section		Non Refundable Application Fee		Security Deposit			
Anticipated Move In Date			Monthly Rent		Pet Deposit			
Applicant Information								
Applicant Information  LAST	FIRTST	MI	SSN#	Blat D.				
		VII	3514#	Birth Date	Email			
ADDRESS	CITY, STATE & ZIP		PHONE #		Smoker?	Yes	No	
Applicant Employment History						100		
	CURRENT		PRIOR		PRIOR			0.000
Employer		*						
Address								
Phone								
Name of Immediate Supervisor								
Position/Job Title								
Dates of Employment	From	Го	From	То				
Monthly Gross Pay								
Reason for Leaving	n/a							
Applicant Credit History	12/4/14/25 12:17					. A. A.	FIENS SHOWER BY	10.00
To the Control of the	Bank or Institution Na	me	Balance Due	Bank or Institution N	ame		Balance Due	AND COMPANY AND
Credit Cards								
Auto Loans								
Other Loans				A TOTAL CONTROL OF THE STATE OF				
Co-Applicant Information Last	First	MI	SSN#	Birth Date	Email			
Co-Applicant Information	First P	MI	SSN# Mobile Phone	Birth Date	Email Smoker?	Yes	∏vo	
Co-Applicant Information Last Other Names Used	Home Phone	ΜI		Birth Date		<b>Y</b> es	Ŋo	
Co-Applicant Information Last	Home Phone	мі		Birth Date	Smoker?	Yes	No	
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Co-Applicant Information Last Other Names Used Co Applicant Employment Hist Employer Address Phone Name of Immediate Supervisor	Home Phone tory Current	То	Mobile Phone	Birth Date	Smoker?	Yes	Ŋo	
Co-Applicant Information Last  Other Names Used  Co Applicant Employment Hist  Employer  Address  Phone  Name of Immediate Supervisor  Position/Job Title	Home Phone tory Current		Mobile Phone  Prior		Smoker?	es	No	
Co-Applicant Information Last  Other Names Used  Co Applicant Employment Hist  Employer  Address  Phone  Name of Immediate Supervisor  Position/Job Title  Dates of Employment	Home Phone tory Current		Mobile Phone  Prior		Smoker?	es	No	
Co-Applicant Information Last  Other Names Used  Co Applicant Employment Hist  Employer  Address  Phone  Name of Immediate Supervisor  Position/Job Title  Dates of Employment  Monthly Gross Pay	Home Phone tory Current  From		Mobile Phone  Prior		Smoker?	<b>\</b> es	No Relationship	
Co-Applicant Information Last  Other Names Used  Co Applicant Employment Hist  Employer  Address  Phone  Name of Immediate Supervisor  Position/Job Title  Dates of Employment  Monthly Gross Pay  Reason for Leaving	Home Phone tory Current  From	То	Mobile Phone  Prior		Smoker?  Prior	Yes		
Co-Applicant Information Last  Other Names Used  Co Applicant Employment Hist  Employer  Address  Phone  Name of Immediate Supervisor  Position/Job Title  Dates of Employment  Monthly Gross Pay  Reason for Leaving  Other Proposed Occupants	Home Phone tory Current  From	То	Mobile Phone  Prior  From		Smoker?  Prior	es		
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Co-Applicant Information Last  Other Names Used  Co Applicant Employment Hist  Employer  Address  Phone  Name of Immediate Supervisor  Position/Job Title  Dates of Employment  Monthly Gross Pay  Reason for Leaving  Other Proposed Occupants  1)  2)  3)	Home Phone tory Current  From  n/a  Age	To Relationship	Prior  From  4) 5) 6)	То	Smoker?  Prior  Age	<b>□</b> \des	Relationship	

Have you declared bankruptcy in the past 7 yrs? YesNo											
Have you ever been evicted from a rental residence? YesNo											
Have you had 2 or more late rental payments in the past year? Yes No											
Residency History				The state of the s							
Address	Current		Prior Residence		Prior Residence						
Address											
City, State & Zip											
	Rent or Own	How Long?	Rent or Own	How Long?	Rent or Own	How Long?					
Monthly Payment or Rent		1		1							
Dates of Residency	From To		From To		From To						
Landlord or Mortgage Company											
Earlatora of Mortgage Company	Phone:	Phone		Phone:		Phone					
Reason for Leaving				Prione:		Phone:					
Applicants Personal Reference	 es (other than rela	itives)									
	Name		Address	Address		Telephone					
Reference 1											
Reference 2											
Co-Applicants Applicants Pers		other than relativ									
Reference 1	Name		Address		Telephone						
Reference 2											
Additional Income If you have other sources of incor	ne you would like u	s to consider pleas	e list here and who	may contact. You d	o not have to revea	l alimony, child support, or					
spouse's annual income unless	1		3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
want it to be considered in this	2		4								
application.	3		5								
Harris Talentin											
I/We hereby warrant that all reprense	ntations set forth abo	ve are true. To verify	the above statements	, I/We diresct those p	ersons named in this	applicaton to ask					
questions about me or us. I/We waive	all rights of actions	for consequences as	a result of such inforr	nation. I/We agree an	d authorize and give	permission to the					
management company, owner or ser	vicing company to pe	rform a credit on me/	us. I/we agree to pay \$	for the cr	edit check as permitte	ed by state law.					
If the application is not approved or a	ccepted by the owne	r or agent, the depos	it will be refunde, the a	application hereby w	aiving any clain for da	amages by reason of					
non-acceptancewhich the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report											
may be prepared whereby information obtained through personal interviews with others with whom I may be aquainted. This Inquiry includes information as to my											
character, general reputation, personal characteristics and mode of living as permitted by state law.											
AUTHORIZATION Release of information:											
I/We authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner,											
mananger, brokerage, finder, agent or leasing company.											
Name of Applicant Date Name of Applicant Date											
<u>Signature</u>		Signature									
			1								