## **Residential Lease Application**

Property Name			Leasing Consultant			
Type of Application - Applicant / Co-Applicant (circle one)			If Co-Applicant, who is Applicant?			
Apt. No.	monthly rent	No. of Occupants	Today's Date	Move-In Date Garage		
Personal Information		• • • • • • • • • •				
Name		Social Sec. No.		Date of Birth		
Current Address			City, State, Zip			
Phone Previous Address		How Long? City, State, Zip				
Phone		How Long?				
Current Landlord	Current Landlord		City, State, Zip			
Phone		Why Leave?				
Previous Landlord			City, State, Zip			
Phone		Why Leave?				
Employment Information	on					
Current Employer Name		Quarter in a		Desilier		
Current Employer Name		Supervisor		Position		
Address			City, State, Zip			
Phone		How Long?		Gross Mo. Salary		
Previous Employer Name		Supervisor		Position		
				i ostion		
Address			City, State, Zip			
Phone Other Information		How Long?		Gross Mo. Salary		
Other Income (if any, please	e describe)			Do You Have Any Pe	ts? If Yes, Describe	
Have You Ever Been Declar	red Bankrupt? (Y/N)	lf Yes, When?		Have You Ever Been Evicted?		
Have You Ever Been Convid	ctod of A Eolopy2(Describe)		la st Classet Dalative Net Livie			
Have fou Ever Been Convic	cled of A Felolity (Describe)	Name, Address, & Phone N	Io. of Closest Relative Not Livir	ig with you		
Photo ID: Type	hoto ID: Type Number			Expiration		
Automobile: Year, Make, Model				License Plate No.		
Bank References & Type of Account Credit References - Type & Amount Important - Please Read & Sign						
	0 non-refundable processing fee with	h this application.				
Applicant authorizes a <b>full background and credit investigation</b> to be run on the basis of information the applicant(s) supplies herein.						
Applicants hereby authorize their employers, landlords, or municipal, state and federal agencies to release all information that						
is requested in this rental application. Any false information supplied herein by the applicant(s) will be considered grounds for immediate rejection of this application, and immediate termination of the lease and its' resulting tenancy by the applicant(s). Applicant(s) acknowledges that it is their responsibility						
to contact Owner/Agent for the results of this application within seventy-two (72) hours after applying to avoid being rejected.						
List the name of any other occupants				How Did You Hear of Us?		
Applicant				Date		
Co-Applicant				Date		

## **Residential Lease Application Disposition**

For Office Use Only						
Name of Applicant		Name of Co-Applicant				
Current	Employer - Applicant	Current	Current Employer - Co-Applicant			
Who Spoke To	Date	Who Spoke To	Date			
Date Employment Began	Still Employed	Date Employment Began	Still Employed			
Current Position	Salary/Hourly Rate of Pay	Current Position	Salary/Hourly Rate of Pay			
How Often Paid?	Expected To Continue?	How Often Paid?	Expected To Continue?			
Notes:		Notes:				

Current Landlord - Applicant		Current Landlord - Co-Applicant		
Who Spoke To	Date	Who Spoke To	Date	
Date Moved In	Still Reside There?	Date Moved In	Still Reside There?	
Any Problems?		Any Problems?		
Rent Payment History	Will They Renew Lease?	Rent Payment History	Will They Renew Lease?	
Notes:		Notes:		

Debt/Income Analysis		Debt/Income Analysis		
Disposition		Disposition		
Decision Made By:		Decision Made By:		
Adverse Action Letter Sent	Date	Adverse Action Letter Sent	Date	