

Rental Application

ADDRESS _____ APARTMENT NO. _____ DATE: _____

Apartment Occupants

Name (Head of Household)	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Marital Status	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated	3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Single	S.S. No.
Name A			1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name B			1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name C			1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other

Present Address	How long at present address?: _____			
Street	City	State	Phone	Landlord

Previous Address	How long at previous address?: _____			
Street	City	State	Phone	Landlord

IN CASE OF EMERGENCY – NOTIFY:

Name	Address	City/State	Phone	Relationship
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PRIMARY OCCUPATION OF HEAD OF HOUSEHOLD (check one)

- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Professional
(Charges fees, i.e., Doctor, Lawyer, etc.) | 3 <input type="checkbox"/> White Collar | 7 <input type="checkbox"/> Unskilled laborer |
| 2 <input type="checkbox"/> Semi-Professional
(Salaried technicians, etc.) | 4 <input type="checkbox"/> Sales representative | 8 <input type="checkbox"/> Retired |
| | 5 <input type="checkbox"/> Skilled laborer (plumber, electrician, etc.) | 9 <input type="checkbox"/> Not employed |
| | 6 <input type="checkbox"/> Semi-skilled laborer (job requires some training) | 10 <input type="checkbox"/> Student |

TOTAL ANNUAL INCOME OF HEAD OF HOUSEHOLD:

- | | | | |
|---|---|---|---|
| 1. <input type="checkbox"/> 5,999 – 7,488 | 3. <input type="checkbox"/> 10,000 – 12,499 | 5. <input type="checkbox"/> 15,000 – 17,499 | 7. <input type="checkbox"/> 20,000 – 29,999 |
| 2. <input type="checkbox"/> 7,500 – 9,999 | 4. <input type="checkbox"/> 12,500 – 14,999 | 6. <input type="checkbox"/> 17,500 – 19,999 | 8. <input type="checkbox"/> Above 30,000 |

EMPLOYMENT

Name of Company	Address	How Long?	Bus. Phone	
Former Employer	Address	How Long?	Bus. Phone	
Spouse employed? Yes No	Occupation	Address	How Long?	Bus. Phone

TOTAL ANNUAL INCOME OF HOUSEHOLD:

- | | | | |
|---|---|---|---|
| 1. <input type="checkbox"/> 5999 – 7488 | 3. <input type="checkbox"/> 10,000 – 12,499 | 5. <input type="checkbox"/> 15,000 – 17,499 | 7. <input type="checkbox"/> 20,000 – 30,000 |
| 2. <input type="checkbox"/> 7500 – 9999 | 4. <input type="checkbox"/> 12,500 – 14,999 | 6. <input type="checkbox"/> 17,500 – 19,999 | 8. <input type="checkbox"/> Above 30,000 |

REFERENCES

BANK(S)	Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
	Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
CREDIT	Name	Address	City	Type of Business
	Name	Address	City	Type of Business
PERSONAL	Name	Address	City	Relationship
	Name	Address	City	Relationship

CHECK ONE OPTION IN EACH OF THE FOLLOWING AREAS

Former Residence location:

- 1 ☐ Out of State
2 ☐ Out of town (in state)
3 ☐ Local

Former Residence Description:

- 1 ☐ Apt community
2 ☐ Rented a duplex
3 ☐ Rented a house
4 ☐ Condominium

If Former Residence Was an Apartment. Why did you move?

- | | | |
|---|--|--|
| 5 <input type="checkbox"/> Owned home/duplex | 1 <input type="checkbox"/> Job Transfer | 5 <input type="checkbox"/> Parking |
| 6 <input type="checkbox"/> Mobile home | 2 <input type="checkbox"/> Better Location | 6 <input type="checkbox"/> Management |
| 7 <input type="checkbox"/> Other _____ | 3 <input type="checkbox"/> Price | 7 <input type="checkbox"/> Noise |
| 8 <input type="checkbox"/> Establishing new household | 4 <input type="checkbox"/> Maintenance | 8 <input type="checkbox"/> Other _____ |

Vehicles:

AUTOS:

- 0 ☐ None
1 ☐ One Year _____ Make _____ License _____
2 ☐ Two Year _____ Make _____ License _____
3 ☐ More than two

OTHER:

- 1 ☐ Boat
2 ☐ Camper
3 ☐ Motorcycle
4 ☐ Bicycle
5 ☐ Other _____

Dr. Lic. No _____ State _____ Exp. _____

CREDIT: A credit report on applicant may be obtained by Agent on behalf of Owner prior to execution of a lease. Applicant consents to obtaining of such credit report.

INSURANCE: Owner and Agent carry no insurance on the personal property of tenants.
It is recommended that you obtain insurance.

ENTIRE AGREEMENT: The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties. This agreement is predicated upon all of the information which has been furnished by applicant being accurate; and if the facts provided are not accurate, this lease agreement may be voided at the option of the Owner. Execution of this agreement by other parties to this agreement constitutes acceptance thereof.

Applicant _____ Date _____

Applicant _____ Date _____

Agent _____

DISCLAIMER: These sample forms and agreements are not endorsed by the Institute of Real Estate Management. They are presented for informational purposes only and should not be relied upon for accuracy, completeness or consistency with applicable law. The user is advised to check all applicable state and federal law before using these forms, agreements, or parts thereof. Because certain forms have legal implications (e.g., management agreements, rental applications), it is recommended that downloaded versions of such forms should be reviewed with legal counsel prior to their use and that any modifications made by the user should also be reviewed by legal counsel.