

\$35 money order per applicant

DL, SS Card, 3 Months of Paystubs

Rental Application

Tel: (856)235-0832

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------|--|--|--|----------|--|--|--|--|--|------|--|-------|--|----------|--|
| Last Name | | | First Name | | | M.I. | | | Co-Applicant Last Name | | | First Name | | | M.I. | | | | |
| Date of Birth | | | Social Security Number | | | Home Telephone | | | Date of Birth | | | Social Security Number | | | Home Telephone | | | | |
| E-Mail Address | | | Mobile Telephone | | | E-Mail Address | | | Mobile Telephone | | | | | | | | | | |
| Current Street Address | | | | City | | State | | Zip Code | | Co-Applicant Current Address (if different) | | | | City | | State | | Zip Code | |
| Previous Street Address | | | | City | | State | | Zip Code | | Co-Applicant Previous Address (if different) | | | | City | | State | | Zip Code | |
| Length of Residence at Current Address | | | Ever Filled for Eviction? | | | Own or Rent? | | | Length of Residence at Current Address | | | Ever Filled for Eviction? | | | Own or Rent? | | | | |
| ___ months | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | ___ months | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | | |

Present Housing Information

| | | | | | | | | | | | | | | | | | |
|------------------------|--|--|---------------------------|--|--|-------------------------------------|--|--|---------------------------|--|--|------------------|--|--|--------------|--|--|
| Landlord or Agent Name | | | Landlord Telephone Number | | | Co-Applicant Landlord or Agent Name | | | Landlord Telephone Number | | | | | | | | |
| Reason for Leaving | | | Length of Rental | | | Monthly Rent | | | Reason for Leaving | | | Length of Rental | | | Monthly Rent | | |
| ___ months | | | ___ months | | | ___ months | | | ___ months | | | ___ months | | | ___ months | | |

Employment / Income Information

| | | | | | | | | | | | | | | | | | |
|---|--|--|------------------|--|-------|-------------------------------|----------|--|---|--|--|----------------|--|-------|-------------------------------|----------|--|
| Present Employer Name | | | Position | | | Co-Applicant Employer Name | | | Position | | | | | | | | |
| Supervisor Name | | | Telephone Number | | | Supervisor Name | | | Telephone Number | | | | | | | | |
| Employer Address | | | City | | State | | Zip Code | | Employer Address | | | City | | State | | Zip Code | |
| Employed From To | | | Salary / Wages | | | per | | | Employed From To | | | Salary / Wages | | | per | | |
| <input type="checkbox"/> Check Here if Not Employed | | | ___ month | | | <input type="checkbox"/> year | | | <input type="checkbox"/> Check Here if Not Employed | | | ___ month | | | <input type="checkbox"/> year | | |
| Other Income | | | Amount | | | per | | | Other Income | | | Amount | | | per | | |
| <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other | | | ___ month | | | <input type="checkbox"/> year | | | <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other | | | ___ month | | | <input type="checkbox"/> year | | |

Emergency Contact Information

| | | | | | | | |
|---------|--|------------------|--|---------|--|------------------|--|
| Name | | Telephone Number | | Name | | Telephone Number | |
| Address | | Relationship | | Address | | Relationship | |

Other Information

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|--|--|--|
| Car Year / Make / Model | | License Plate State / Number | | Car Year / Make / Model | | License Plate State / Number | | | | | |
| Other Residents (Names / Ages) | | | | Other Residents (Names / Ages) | | | | | | | |
| Have you ever been convicted of a crime? | | If "Yes", Date of Most Recent Conviction? | | Nature of Conviction | | Have you ever been convicted of a crime? | | If "Yes", Date of Most Recent Conviction? | | Nature of Conviction | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "Yes", #: _____ | | _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "Yes", #: _____ | | _____ | |
| Do you have a pet? | | If "Yes", Breed of pet? | | Ever Filled for Bankruptcy? | | Do you have a pet? | | If "Yes", Breed of pet? | | Ever Filled for Bankruptcy? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Weight at maturity? _____ lbs | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Weight at maturity? _____ lbs | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is denied.

Applicant: **X** Date: _____ Co-Applicant: **X** Date: _____

OFFICE USE ONLY

| | | | |
|----------------|-------------------------|------------------|------------|
| Date Screened: | Approved | Rejected | Unit Type: |
| Screened By: | Projected Move-In Date: | Monthly Rent: \$ | |