

**MANAGER'S , LIST - Visual proof of Drivers License or State I.D. & Social Security #  YES  NO**

MANAGEMENT CO COMMUNITY NAME CONTACT NAME TELEPHONE # FAX #

- CO-SIGNER
- W/ CURRENT TENANT
- MOVE IN SPECIAL
- OTHER

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APARTMENT # \_\_\_\_\_ RENT \$ \_\_\_\_\_ MOVE IN DATE \_\_\_\_\_

**APPLICATION TO RENT**

APPLICANT'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc Sec #	
SPOUSE'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc Sec #	
Names and ages of other occupants				Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have waterbed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT RESIDENCE**

APPLICANT'S Present Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo ____ Yr	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ( )	Monthly Payment \$
Name of <input type="checkbox"/> Present Landlord <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)				Landlord Day Phone ( )		Landlord Night Phone ( )	
Why are you vacating your current residence?							

**PREVIOUS RESIDENCE**

APPLICANT'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo ____ Yr	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Move-Out Date ____ Mo ____ Yr	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)				Landlord Day Phone ( )		Landlord Night Phone ( )	
SPOUSE'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo ____ Yr	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Move-Out Date ____ Mo ____ Yr	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)				Landlord Day Phone ( )		Landlord Night Phone ( )	

**EMPLOYMENT HISTORY**

APPLICANT Employed By	Supervisor's Name / C O	Hire Date ____ Mo ____ Yr				
Address	City	State	Zip	Phone ( )	Position Held	Salary per <input type="checkbox"/> Mo <input type="checkbox"/> Hr
APPLICANT Previous Employment			Supervisor's Name / C O		Hire & Term Dates	
Address	City	State	Zip	Phone ( )	Position Held	Salary per <input type="checkbox"/> Mo <input type="checkbox"/> Hr
SPOUSE Employed By			Supervisor's Name / C O		Hire Date ____ Mo ____ Yr	
Address	City	State	Zip	Phone ( )	Position Held	Salary per <input type="checkbox"/> Mo <input type="checkbox"/> Hr
ADDITIONAL INCOME SOURCE	Amount	Frequency	ADDITIONAL INCOME SOURCE	Amount	Frequency	

**CREDIT & LOAN REFERENCES**

Auto #1(Make & Model)	License Plate	State	Monthly Payment \$	Auto #2(Make & Model)	License Plate	State	Monthly Payment \$
Bank or Savings and Loan		Branch		Savings Account #		Checking Account #	

**ADDITIONAL INFORMATION**

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone ( )
Name of SPOUSE'S Nearest Relative	Relationship	Address	City	State	Zip	Phone ( )
Emergency Contact	Relationship	Address	City	State	Zip	Phone ( )
Personal Reference	Relationship	Address	City	State	Zip	Phone ( )
Have you ever filed for bankruptcy?				Describe		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____						
Has an eviction ever been filed against you?				State/County		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____				Describe		
Have you ever pleaded guilty to, been convicted of, or have pending against you, a criminal charge?				State/County		
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____				Describe		

**NON-REFUNDABLE APPLICANT(S) SCREENING CHARGE \$ \_\_\_\_\_**

In compliance with State and Federal laws, this is to inform you that an investigation involving the statements made regarding your rental application with this landlord is being initiated. You have the right to dispute the information reported. Direct inquiries to Bemrose Consulting. All or part of the above information may be made available to other services unless this box  is checked. I/We certify that to the best of my knowledge all statements are true and complete. I/We further authorize Bemrose Consulting to obtain credit reports, character reports, verification of rental, employment, and criminal history as necessary to verify all information put forth in the above referenced application process. False, fraudulent, or misleading information may be grounds for denial of tenancy or subsequent eviction.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
 Applicant Spouse  
 Signed \_\_\_\_\_ Dated \_\_\_\_\_  
 Landlord Title

**I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy**