

# Residential Lease Application

Contact Phone #: \_\_\_\_\_ Interested in Leasing : \_\_\_\_\_

Email: \_\_\_\_\_ Date of App. \_\_\_\_\_

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## ***Personal Identification Information***

**Name of the Tenant:** \_\_\_\_\_

Other Names Tenant has used: \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Children Names: \_\_\_\_\_

**Name of Tenant # 2:** \_\_\_\_\_

SS# Tenant # 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who will live in the property except children and applicant? \_\_\_\_\_

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## **PLEASE LIST ALL PREVIOUS ADDRESSES FOR PAST SEVEN YEARS**

1. Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_

a. How Long? \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

b. Landlord's name and phone number: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

a. When? \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

b. Landlord's name and phone number: \_\_\_\_\_

3. Previous Address: \_\_\_\_\_

a. When? \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

b. Landlord's name and phone number: \_\_\_\_\_

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**Employment Information (Tenant #1)**

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Monthly pay \_\_\_\_\_

How long at current job? \_\_\_\_\_

Others sources of income: \_\_\_\_\_

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**Employment Information(Tenant #2)**

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Monthly pay \_\_\_\_\_

How long at current job? \_\_\_\_\_

Others sources of income: \_\_\_\_\_

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**Terms of Residency/Debtor Information**

1. Do you intend to reside here indefinitely? ( ) Yes ( ) No
    - -If no, how long? \_\_\_\_\_
  
  2. Have you ever filed bankruptcy? ( ) Yes ( ) No
    - -If yes, court and case number? \_\_\_\_\_
  
  3. Do you own now or have you owned property that was foreclosed?
    - -If yes, please give address of property and foreclosure status \_\_\_\_\_
  
  4. Are you a party of a lawsuit? ( ) Yes ( ) No
    - If yes, please describe. \_\_\_\_\_
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**Banking Information - No Bank Account? Sorry – having a regular checking account is a minimum requirement**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Checking Account No: \_\_\_\_\_

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Do you smoke (circle one)?                      NO                      YES                      ONLY OUTSIDE

Are there any judgments against you?      ( ) Yes ( ) No

-If yes, please describe. \_\_\_\_\_

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**Credit Reference (a person you know who can vouch for you – not immediate family)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any pets that you would like to occupy the residence? ( ) Yes ( ) No

- If yes, please describe. \_\_\_\_\_

Note: This question does not imply that pets are allowed.

Have you ever been evicted from a rental unit? ( ) Yes ( ) No

-If yes, please describe in detail \_\_\_\_\_

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**Motor Vehicle Information**

<u>Year</u>	<u>Make/Model</u>	<u>Color</u>	<u>Tag Number</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**List of Credit Cards - balance should approximate what is reported in credit report**

Type: \_\_\_\_\_ Card #(only put last four numbers) \_\_\_\_\_

Type: \_\_\_\_\_ Card #(only put last four numbers) \_\_\_\_\_

<u>Creditors</u>	<u>Type of Debt</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____

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**Emergency Contact:**

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Radon Gas Disclosure.**

Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons exposed to it over time. Levels of Radon that exceed federal and state guidelines have been found in every State of the United States. Additional information regarding radon gas may be obtained from your County public health unit.

**Condition and Information**

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve this application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

**CONSENT TO CREDIT CHECK**

I/We, \_\_\_\_\_, the undersigned applicant(s) authorize the landlord or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and all other persons to provide to landlord and all information concerning my/our credit.

Applicant # 1

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant # 2

Signed: \_\_\_\_\_ Date: \_\_\_\_\_