RENTAL APPLICATION

This Rental Application is an offer to rent. The Deed of Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status or handicap. This application will be processed in accordance with all Fair Housing and occupancy laws.

BROKE	RAGE DISCLOSURE		
The applicants acknowledge by their initials the, represents the Lar represents □ the Landlord OR □ the Tenant. (If t and Tenant, then the appropriate disclosure form is	ndlord and that the Leasing broken is acting as a dual re	ker,, epresentative of both the Landlord	
Applicant/s Initials/	Leasing Agent must atta	ach a business card.	
Applicant/s Identification Type & Expiration D	ate:		
Ol	FFER TO RENT		
(Applican	t 1) and	(Applicant 2) offer	
to lease the property known as		,	
to lease the property known as	s"), for	years/months	
the first day of each month.	e monthly rent of \$	payable in advance on	
•	CONDITIONS		
A NON-REFUNDABLE PROCESSING FEE Of included with this application. Processing may take DEPOSIT OF \$ If this Application is accepted, the Application is not accepted, the Deposit will be processing charges. Occupancy is subject to possession being delivered unless otherwise noted below or by attachment.	te up to 5 business days to co ("Deposit") is included a e Deposit will be credited to am e refunded to the Applicant(s)	mplete. AN EARNEST MONEY and will be held by ounts owed to the Landlord. If this less any additional documented	
CONTACT NUMBERS: APPLICANT 1	APPLICANT 2		
C:			
H:			
Email:	Eman:		
OF	FICE USE ONLY		
Application Received Date Time			
Application Reviewed By			
•		- F:	
Accepted □ Rejected □ Withdrawn □	Applicant of Agent notified 1	Date Time	

APPLICANTS AGREE AND UNDERSTAND THAT:

- 1. This Application, each occupant and each pet are subject to acceptance and approval by the Landlord.
- 2. The Listing Company is obligated to present all Applications to the Landlord until the Lease is signed.
- **3.** Landlord and Landlord's Agent may rescind acceptance and resume marketing the Premises at any time until the Lease is signed.
- **4.** Proof of current income is required. For example:
 - Latest Pay Statements/Stubs
 - Last 2 years' Form W-2 for hourly or weekly pay persons
 - Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
 - Copy of LES and orders for military
- **5.** This Application consists of four pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a Lease.
- **6.** A draft of the proposed Lease may be reviewed through the Listing Broker. If Landlord and Applicant cannot agree on terms, the deposit will be refunded.
- 7. Applicant must present valid photo identification or 2 forms of ID before signing the Lease.
- **8.** The Applicant is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
- **9.** Any move-in fees and utility deposits are the responsibility of the Applicant.
- **10.** Only those persons listed in the Application are to live in the premises.
- 11. The Premises are not to be used for business except with full knowledge and consent of the Landlord and in conformity with all applicable laws and regulations.
- 12. Applicant has no Leasehold interest until the Lease is signed.

I/we agree to the above conditions and authorize the firm processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary in properly evaluating this Application, and any renewal. If any information is found to be false or misleading, the Application may be summarily rejected.

Signed Applicant 1	Date	Signed Applicant 2		Date	
APPLIC	APPLICANT 2				
Name		Name			
Date of Birth Socia	l Security Number	Date of Birth	Social Security Number		
Current Street Address		Current Street Add	dress		
City State	Zip	City	State	Zip	
From: To:	\$	From: To		\$	
Dates of Occupancy	Rent □ Mortgage □	Dates of Occupancy	7	Rent □ Mortgage □	
Landlord/Management/Mortgag	e Co. Name	Landlord/Manageme	ent/Mortgage Co	o. Name	
Phone #	Fax #	Phone #		Fax #	
Reason for Moving		Reason for Moving			

APPLICANT 1 APPLICANT 2 Previous Street Address **Previous Street Address** City Zip City State Zip State From: From: To: Dates of Occupancy Rent □ Mortgage □ Dates of Occupancy Rent □ Mortgage □ Landlord/Management/Mortgage Co. Name Landlord/Management/Mortgage Co. Name Phone # Fax # Phone # Fax # Reason for Moving Reason for Moving **EMPLOYMENT EMPLOYMENT** Current Company Name Current Company Name From: To: From: To: Location Dates of Employment Location Dates of Employment /year Position/Rank Position/Rank Income Income Supervisor Name Supervisor Name Phone Phone Previous Company Name Previous Company Name From: To: From: To: Dates of Employment Location Location Dates of Employment /year /year Position/Rank Income Position/Rank Income Supervisor Name Phone Supervisor Name Phone ADDITIONAL INCOME ADDITIONAL INCOME /year /year Source Source Amount Amount Do you have any animals? LIABILITY COVERAGE IS REQUIRED FOR DOGS.

TYPE	BREED	AGE	WEIGHT	M/F	NEUTURED/DECLAWED
					/
					/
					/

VEHICLE 1 TYPE, MAKE, MODEL	STATE	VEHICLE 2 TYPE, MAKE, MODEL	STATE

Do		vaterbed or large aquariun				YES	□NO
Do	you intend to smoke	or permit smoking in the	Premises?	1		YES	□ NO
PΙ	EASE ANSWER						
1	TI C1 1 C	1 1 4 9	Applica		Applica		
	Have you ever filed for		☐ Yes	□ No	□ Yes	□ No	
	Have you ever been ev		□ Yes	□ No	□ Yes	□ No	
3.	Do you have any judg		□ Yes	□ No	□ Yes	□ No	
4.	Have you had a forecle		□ Yes	□ No	☐ Yes	□ No	
5.	Are you party to a law		☐ Yes	□ No	☐ Yes	□ No	
6.	Do you pay alimony o	**	☐ Yes	□ No	☐ Yes	□ No	
7.	•	or a loan or another lease?	☐ Yes	□ No	☐ Yes	□ No	
8.	•	ental application rejected?	☐ Yes	□ No	☐ Yes	□ No	
9.	How would you rate y	our credit?	-		-		
	Type of Loan	ns or credit card debt) Creditor		Balance		Monthly	Payment
 2.							
-							
LA	ST NAME	OTHER OCCUPA (Occupants over 18 mu FIRST NAME AND	st submit	separate ap	plication	ns) B.	RELATIONSHIP
		'ACTS (Someone who k	knows hov	v to reach	you)	OR NEX	XT-OF-KIN
1.	Name Relationship						
Tel	ephone	Address		City		State	Zip
2.							
Name				Relationship			
Tel	ephone	Address		City		State	Zip