## aTenantScreen ONLINE

RENTAL PROPERTY

## **APPLICATION TO RENT FORM**

(PLEASE PRINT CLEARLY)

Please complete one application for each person not related by blood or marriage. If a line is not filled in we will return the application to you. You will also be required to present 2 pieces of identification for verification purposes.

Date premises required								
Name of landlord or rental p	property owner by a company, please list the company	name as well)						
Address of rental property _								
Rent Amount \$	Security Deposit \$	eening Fee <u>\$</u>						
APPLICANT INFORMATIO	DN .							
Last Name:	First Name:		_ Middle Name:					
Date of Birth (d/m/yr):	// (in some states in	is not legal for a landlord to	o request a D.O.B.)					
Social Security Number:								
Current Address:		City:						
State:	Zip Code:Ow	n or Rent:	Rent Amount: <u>\$</u>					
How long residing at this ac	Idress: Reason for	or leaving:						
Landlord's Name:		Landlord's Phone Nu	umber: ()					
Home Phone Number: (	)Cell Pho	ne Number: ()	_ <del>-</del>					
Driver's License Number: _	State: _		Valid: Yes No					
Driver's License Issued on (yr/m/d): / Expires (yr/m/d): /								
Previous Address: :		City:						
State:	Zip Code:Ow	n or Rent:	Rent Amount: <u>\$</u>					
How long residing at this ac	Idress: Reason fo	or leaving:						
Landlord's Name:		Landlord's Phone Nu	umber: ()					
Email Address:								
Spouse's Last Name:	First Name: _	Mi	ddle Name:					
Date of Birth (d/m/yr):	// (in some states in	is not legal for a landlord to	o request a D.O.B.)					
Social Security Number:								
Number of adults to occupy	rental: Number	of children to occupy renta	l:					
Please list all occupants:								

APPLICATION TO RENT OCTOBER 2012

Current Employer:			Phone	Number: (	)	<b>-</b>
Address:	City:		State:		Zip:	
Occupation:		How Long: Salary or Annual Income:				
Name of Supervisor:						
Previous Employer:			Phone	Number: (	)	
Address:	City:		State:		Zip:	
Occupation:		How Long:	Salar	y or Annual Ir	ncome:	
Name of Supervisor:						
Spouse's Employer:			Phone	Number: (	)	
Address:	City:		State:		Zip:	
Occupation:		How Long:	Salar	y or Annual Ir	ncome:	
Do you have any credit cards, your name that would generat PERSONAL REFERENCES (lis	e a Consumer Credit Re	port with the Cro				of credit in
Name:				Phone: (	)-	_
Address:						
Name:						
Address:						
Addie33	Oity:		Olate		Zip	
Have you ever been evicted as a	a tenant? Yes No	If yes, why?				
Have you ever been convicted o	f a criminal offense? Yes_	No If yes,	what?			
Do you or any other proposed or	ccupants smoke?					
Do you have any pets?	How many?	Type of Pet(	(s):			
In case of an emergency call:				Phone: (	)	
Address:	City:		State:		Zip:	
TENANCY WILL BE DENIED if the rental agreement is signed, y This is to advise that I the undersperson or firm to whom my appli search, an eviction search and to assessing credit worthiness. I upurposes of responding to emergrequirements and for collection pof tenancy. I have also received	your rental agreement will signed hereby authorize cation has been submitted make any other inquiries nderstand that the informagencies, ensuring the order purposes should rent be lest a copy of the FCRA Sum	d, to obtain a consist as deemed necestion set out in the erly management of the owing or rental amary of Rights and	sumer credi essary in de e rental app of the tenal property da nd understa	it report, to contermining eliquication forming, complying maged at telepton its conten	onduct a crigibility for to may be using with legarmination of ts.	the iminal record enancy and ed for al
Applicant's Signature		Date:				
Co-Applicant's Signature			Date	:		
ALL	INFORMATION HEREIN IS	DEEMED PRIVAT	E AND CONI	FIDENTIAL		

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