



Rental Application Form

Applicant Information

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 () -					
Current Street Address						City			State			Zip Code			Co-Applicant Current Address (if different)					
Previous Street Address						City			State			Zip Code			Co-Applicant Previous Address (if different)					
Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <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 __ months			Monthly Rent			Reason for Leaving			Length of Rental __ months			Monthly Rent		

Employment Information

Present Employer Name			Position			Co-Applicant Employer Name			Position														
Supervisor Name			Telephone Number () -			Supervisor Name			Telephone Number () -														
Employer Address						City			State			Zip Code											
Employed From			To			Salary per			<input type="checkbox"/> month <input type="checkbox"/> year			Employed From			To			Salary per			<input type="checkbox"/> month <input type="checkbox"/> year		

Banking Information

Bank Name			Telephone Number () -			Name			Telephone Number () -								
Account Number			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			Account Number			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Date of Most Recent Conviction?		Nature of Conviction		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Date of Most Recent Conviction?		Nature of Conviction	
If "Yes", #: _____						If "Yes", #: _____					

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby 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 rejected.

Applicant: **X**

Date:

Co-Applicant: **X**

Date:

OFFICE USE ONLY

NTN Access Number:		Address/Unit Applied for:		Monthly Rent Amount for unit applicant is applying for: \$	
Date Screened:		Projected Move-In Date:		Apartment / Unit Type:	
Service Requested: <input type="checkbox"/> NTN DecisionPoint <input type="checkbox"/> Criminal Report <input type="checkbox"/> Full Service (includes employment and landlord verifications; 72 hr service)					

Items in **BOLD** are REQUIRED