***RENTERS RELY***

 **RESIDENTIAL RENTAL APPLICATION**

**Applicants' Personal Information**

|  |  |
| --- | --- |
| Applicant's Name: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: | (          ) | Alternative Phone: | (          ) |

|  |  |  |  |
| --- | --- | --- | --- |
| Email Address (Optional): |   | Date of Birth: |   |

|  |  |
| --- | --- |
| Applicant's Social Security Number: |       / State Born: |

|  |  |
| --- | --- |
| Second Applicant's Name: |   |

|  |  |
| --- | --- |
| Second Applicant's Date of Birth: |   |

|  |  |
| --- | --- |
| Second Applicant's Social Security Number: |       / State Born: |

|  |  |
| --- | --- |
| Name(s) of other occupants: | Date(s) of Birth |
|   |   |
|   |   |
|   |   |

Do you have a pet?      Yes [ ] / No [ ]       If more than one, how many? \_\_\_\_\_\_\_
Please describe type(s) of pet(s):

**Residential History**

(**If resided less than one year, please provide previous residence**.)

|  |  |
| --- | --- |
| Present Address: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| City: |   | State: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ZIP Code: |   | How long? |   /Rent Amount $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Landlord / Lessor: |   | Phone: | (          ) |

Reason for leaving:

|  |  |
| --- | --- |
| Previous Address 1: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| City: |   | State: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ZIP Code: |   | How long at this address? |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Landlord / Lessor: |   | Phone: | (          ) |

|  |  |
| --- | --- |
| Previous Address 2: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| City: |   | State: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| ZIP Code: |   | How long at this address? |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Landlord / Lessor: |   | Phone: | (          ) |

**Details of Employment**

|  |  |
| --- | --- |
| Employer: |  (Applicant #1) |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |   | Date Hired: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor's Name: |   | Phone: | (          ) |

|  |  |
| --- | --- |
| Salary: |   |
|  |  |
| Employer: | (Applicant #2) |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |   | Date Hired: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor's Name: |   | Phone: | (          ) |

|  |  |
| --- | --- |
| Salary: |   |

(**If employed less than one year with present employer, please provide previous employer**.)

|  |  |
| --- | --- |
| Previous Employer: |  (Applicant #1) |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |   | Date Hired: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor's Name: |   | Phone: | (          ) |

|  |  |
| --- | --- |
| Salary: |   |
| Previous Employer: |  (Applicant #2) |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |   | Date Hired: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor's Name: |   | Phone: | (          ) |

|  |  |
| --- | --- |
| Salary: |   |

**Other Sources of Income**
Do you receive income from any of the following sources?     Yes [ ] / No [ ]
Student Loans $ Pension Benefits $ Social Assistance $ Other $

**DMV Information**

|  |  |  |
| --- | --- | --- |
| Applicant #1: | Driver License #: | State: |
| Applicant #2: | Driver License #: | State: |

**Banking Information**

|  |  |
| --- | --- |
| Banking Institution: |   |

|  |  |
| --- | --- |
| Address: |   |

|  |  |  |
| --- | --- | --- |
|   | Phone: | (          ) |

(If you bank with more than one institution, please list second bank below)

|  |  |
| --- | --- |
| Banking Institution: |   |

|  |  |
| --- | --- |
| Address: |   |

|  |  |  |
| --- | --- | --- |
|   | Phone: | (          ) |

**References**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Phone: | (          ) |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Phone: | (          ) |

**Emergency Contact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship: |   | Phone: | (          ) |

**Criminal & Credit Background Check Authorization**Is there anything negative that we may find in our criminal or credit background check that you want to comment on? Felony: Yes [ ]  No [ ]  / Eviction: Yes [ ]  No [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application; and (b) perform a credit and/or criminal check to assess my suitability as a tenant/lessee. Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |