

Rental Application Form

Please keep this top sheet for your records.

IMPORTANT: You MUST supply us a copy of valid identification (i.e. driver's license) and \$15.00 with this completed application at time of submittal for credit checking purposes. Those applications without these two items will not be considered.

Rental units are located at 3 Maple Street and consist of one bedroom, two bedroom, and studio apartment units.

Monthly rent is \$_____ and is due the first of each month payable to _____. The rental rate includes heat, electricity, water, trash removal and parking. A security/damage deposit is payable before moving in (you will receive this back when you move out as long as the apartment is left in good condition and you are current on rent). Similarly, the first months rent is also due at this time.

No pets of any kind are allowed in the apartment. We also do not allow smoking in the units, if you are a smoker, you must smoke outside, NO exceptions. Smoking within the apartment results in the immediate forfeiture of the security deposit.

For consideration, please fill out the attached application form in its entirety and return it. **Please include \$15.00 for a credit report inquiry when submitting this application.**

We also ***strongly*** recommend that you get renters insurance. While there is insurance on the building itself, this does not include any protection for your personal items. Renters insurance is relatively inexpensive and usually costs between \$100-\$150 a year. Many car insurance companies offer discounts if you also get your renters insurance through them.

Thank you.

Residential Rental Application

Landlord:

Address of Rental Property:

Desired date of occupancy:

Current phone number:

Unit Interested In:

Applicant Information

Name:

Date of Birth:

Social Security Number:

Driver's License Number:

Rental History:

Present Address:

How long at present address:

Current rent payment:

Landlords Name:

Home phone #:

Reason for moving:

Landlords Phone #:

Prior Address:

How long at prior address:

Rent payment:

Landlords Name:

Reason for moving:

Landlords Phone #:

Vehicle:

Vehicle Model:

Year:

License Plate No.:

Miscellaneous:

Have you ever been convicted of crime? Yes No

If yes, please provide details:

Current Employer:

Employer:

Position:

Supervisor:

Other Income Sources:

Government assistance:\$

Other:\$

Business Phone:

How Long:

Annual Income:

Child support/Alimony:\$

Character Reference: (No relatives):

Name:

Phone Number:

Address:

Relationship:

City/State:

Emergency Contact:

Name:

Phone Number:

Address:

Relationship

City/State:

Bank References:

Name: _____ Branch: _____

Account #: _____

Credit Reference: (No relatives)

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City/State: _____

Landlord does not discriminate against any applicant on the basis of an illegal purpose including, race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local or State laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discrimination.

I represent that the information provided in this application is true and correct to the best of my knowledge.

I understand that this application is not a rental agreement and that this application does not create any obligation on the Landlord.

I understand that the information provided might be used by Landlord to determine whether to accept this application. I authorize landlord to verify all the information given in this application, including banking and personal references and employment information provided.

I also authorize Landlord to perform a credit check and a criminal history check. I consent to the release of information relating to my credit and the information provided in this application.

Applicant's Name: (Please Print)

Date

Applicant's Signature

Date