

FURNISHED APPLICATION & OFFER TO RENT

Application Fee (\$50.00 per adult) Security Deposit Copy of Drivers License

All information must be complete and submitted with checks for application fee and earnest money deposit attached (certified funds may be required) or application will not be accepted by agent for review. **Application required from each occupant 18 years and older.** ***PLEASE PRINT***

Property Address _____

*Monthly Rent _____ Security Deposit _____ Pet Deposit _____

Today's Date _____ Move-In Date _____ Move-Out Date _____

First Name _____ Last Name _____

Spouse's Name _____ Number of people who will occupy the residence: _____

List occupants, relationship, and birthdates: _____

Current Address (incld zip) _____

How long have you lived there? _____

Previous Address (incld zip) _____

How long did you live there? _____

Phone #'s Home- () _____ Cell- () _____ Work- () _____

Email Address _____

YOU

SPOUSE/ROOMMATE

Birthdate _____ Birthdate _____

Social Security # _____ / _____ / _____ Social Security # _____ / _____ / _____

Drivers License # _____ State _____ Drivers License # _____ State _____

Retired? _____ Retired? _____

Employer _____ Employer _____

Salary \$ _____ Per _____ Salary \$ _____ Per _____

How long with this employer _____ How long with this employer _____

Supervisor _____ Supervisor _____

Phone # to Verify Employment _____ Phone # to Verify Employment _____

Additional Income \$ _____ Additional Income \$ _____

Do you have pets? Y / N How Many? _____ What kind? (dog, cat, etc.) _____

Age _____ Weight _____ Neutered/Spayed? Y / N Sex? M / F Must you bring them? Y / N

Breed _____ Name _____

Does anyone in your household smoke? _____ Will you smoke outside only? _____

Have you rented from us before? _____ How did you hear about us? _____

Emergency Contact _____ Phone # _____ Relationship _____

Please list features that are essential in your acceptance of a home. Please be sure to list special needs such as wheelchair accessibility, walk-in shower, etc. Please list them only if they are essential or are special needs. _____

Is there any additional information you would like us to know before we process your application? _____

****Please complete the reverse side of this application.****

