

## RENTAL APPLICATION

**Applicant Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Phone #: \_\_\_\_\_  N/A Email: \_\_\_\_\_  N/A

Cell #: \_\_\_\_\_  N/A Will you accept our text message?  Yes  No  N/A

**Best time and method for us to contact you?** \_\_\_\_\_

**How did you hear about our properties?** \_\_\_\_\_

**Desired Move-In Date:** \_\_\_\_\_ OR  ASAP

**Household Composition:**

List all household members who will live in the apartment within the next twelve months. Be sure to include any temporarily absent family members who are still considered family members and who will be returning to the household. Use additional sheet(s) if necessary.

First Name	Middle Name	Last Name	Relationship to Head of Household	Gender M/F	Social Security Number	Date of Birth (mm/dd/yyyy)	Marital Status*
			Head of Household				

\*Please list the applicable number in the column above: (1) Married, (2) Single, (3) Separated, (4) Divorced, (5) Widowed, (6) Undisclosed

**INCOME SOURCE(S):**

List all sources of income and/or benefits for every household member. Use additional sheet(s) if necessary.

NAME <small>(Person working or receiving benefits)</small>	EMPLOYER and/or SOURCE of INCOME <small>(Include Company Name, contact name of person to verify and phone number)</small>	START & END DATES	MONTHLY/ GROSS INCOME
	Company: Contact: Phone#:	Start:  End:	\$
	Company: Contact: Phone#:	Start:  End:	\$

**Copies of the following for ALL household members, if applicable, will be required:**

BIRTH CERTIFICATES

SOCIAL SECURITY CARDS

VALID DRIVER'S LICENSE

VALID STATE I.D.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

