RESIDENTIAL LEASE APPLICATION

Location of Residence:				Date of Application:	_
Name of Tenant:		Name:	Phor		
Other Names Tenant has used:					
Current Home Phone Number:				Conditions and Information	
Drivers License No.	State of	Issuance:		All pages of this lease application must be	
Social Security Number:	Date of	Birth:		signed by all persons who will sign the lease	
Children Names:	<u> </u>	'		agreement. Additional tenant information is	
Name of Tenant #2:				on page 2.	
Current Phone No:				The completing of this application by Tenant	
SS# Tenant #2:				and the acceptance of this application by	
Who will live in residence excep	ot applicant and childr	Landlord creates no obligation of Landlord to approve the application.			
Place of Employment:				This application will be approved or rejected	
Address:				usually within five (5) days of being	
Supervisor:	Phone:			submitted to landlord. However, there is no obligation of Landlord to notify tenant unless	
Your Job Title:	Work Hours:			the application is approved.	
Monthly Pay:	——— How long at c	urrent job?			
Other sources of income:				If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.	
Do you intend to reside here in	definitely?	☐ Yes	☐ No	Landlord complies with all Federal and State	
-If no, how long?				laws regarding discrimination and does not	
Have you ever filed Bankruptcy		☐ Yes	☐ No	discriminate based upon age, sex, race,	
-If yes, court and cause number			<u>_</u> _	marital status, religion, national origin, or other prohibited classifications.	
Are you a party to any lawsuit?)	☐ Yes	☐ No	other prombted classifications.	
-If yes, please describe.					
Are there any judgments again -If yes, please describe.	st you?	☐ Yes	☐ No		
				For Landlord's Use Only	
Bank Name:	Pho	ne:		Rent Amount:	
Account No:	Account No.			Deposit:	
Credit References:				Date Lease to begin:	
Name:	Phone:			End of Lease:	
Name:	Phone:			Number of Occupants:	
	(Continued on Page			1	
	agree that the inforr	nation disclo	sed by you	erein is true, complete and accurate to the herein is material to the potential Lessor's ease.	
Signed:			Date:	·	
ned: Dat			Date:	e:	

-	e any pets that you would like to occ	upy the residence? \square Ye	s 🗌 No
	se describe.	a allowed	
	provision does not imply that pets ar /er been evicted from a rental unit?		s, provide reason for eviction.
	le Identification:		
Year 	Make/Model	Color	Tag Number
List Credit C	Cards		
Type:	Card #	Type:	Card #
Type:	Card #	Type:	Card #
Creditors Funi Muni B	Type Of Debt ank	Amount Owed	Monthly Payment
Person to no	otify in case of emergency:	Phone:	
Present Addre			Zip:
How long?	Reason for leaving:		
	one # of owner/manager:		
Previous Addi			_
When?	Reason for leaving:		
Previous Addi			
When?	Reason for leaving:		
DISCLOSUR	E OF MANAGER:		
The Manage	r of the Premises is	Phone:	
Address:			
City:	State:	Zip:	
			_ act for and on behalf of the owner for the
	service of process and receiving and r		
Name:		Phone:	
Address:	State:		
City:	State:	Zip:	_
sufficient qu federal and regarding ra	nantities, may present health risks to state guidelines have been found in b adon gas may be obtained from your o://www.epa.gov/iag/radon/	persons who are exposed to puildings in every State of th County public health unit.	t, when it has accumulated in a building in o it over time. Levels of radon that exceed ne United States. Additional information
T /161	· · · · · · · · · · · · · · · · · · ·	SENT TO CREDIT CHECK	 -
his/her/th of the info credit card		/our credit and criminal ion. I/We further author	history and investigate the accuracy rize all banks, employers, creditors,
Signed:		Date:	
Signed:		Date:	