



RENTAL APPLICATION

Primary Applicant:

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ SS#: _____

Telephone #: _____ Work #: _____

Current Rent: _____

Number of People to Occupy Apartment: _____

Any Pets? _____ Type of Pet: _____

Co-Applicants:

	<u>Name</u>	<u>D.O.B.</u>	<u>SS#</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Present Landlord:

Name: _____

Address: _____

City/State/Zip: _____

Previous Landlord:

Name: _____

Address: _____

City/State/Zip: _____

Automobiles:

No. of Automobiles: _____

Make/Year/Color: _____

Registration #: _____

Income:

Current Employer:

Name: _____

Address: _____

City/State/Zip: _____

Occupation: _____ Salary: _____

Length of Employment: _____

Other Income:

Source

Monthly Amount

1. _____

2. _____

Race: *Please note that this section is optional. The information will be used to monitor our Affirmative Fair Marketing Programs as required by State and Federal Laws.*

Hispanic _____

American Indian _____

Black _____

White _____

Asian _____

Cape Verdean _____

Other (Specify) _____

Consent to Background Check and Certification of Information Provided:

By signing below, I certify that the above information is completely true and accurate. Furthermore, I hereby consent to allow the Owner of the property itself, or through its designated agents or employees, to obtain a consumer credit report, criminal information, verification of income, and landlord references on each applicant that is applying for residency. I further consent to allow the Owner or its agents to obtain additional consumer credit reports and/or criminal record reports for myself in the future to update or review my account. Upon my request, the Owner will tell me when consumer or criminal reports were requested and the names and addresses of any consumer-reporting agency that provided such reports.

Applicant's Signature: _____ Date: _____



Application can be faxed to Rockdale West at 508-996-1181