



RENTAL APPLICATION

Equal Housing Opportunity

The undersigned hereby makes an application to rent the following property:

Anticipated move date of _____ at monthly rent
\$_____ pet deposit of \$_____. A reservation deposit of
\$_____ is being made along with this rental application. If applicant's application is approved and a lease is entered into between Landlord and applicant, the deposit shall be applied towards applicant's security deposit. If applicant's application is denied, the rental deposit shall be refunded to applicant without interest. If the Applicant's application is approved, and Applicant fails to execute Landlord's standard lease agreement for the Premises prior to the Commencement Date (or to pay the required rent there under such that the lease does not Commence), then Landlord may retain the rental deposit as liquidated damages, it being acknowledged and agreed that the same is a reasonable pre-estimate of Landlord's damages for not seeking to rent the Property to others during this time period and not a penalty. No properties will be held more than two weeks and deposit to hold properties is non-refundable.

PERSONAL INFORMATION

Full Name _____

Date of Birth _____ Social Security number _____

Home Phone _____ Cell Phone _____

Email Address _____

Co-Applicant Name _____

Co-Applicant Date of Birth _____ Social Security number _____

Co-Applicant Phone Cell Phone _____

Name of Dependents and Ages _____

List All Pets _____

Drivers License Number _____ State _____

Co-Applicant Drivers License Number _____ State _____

RESIDENTIAL HISTORY

Current Address _____

City _____ State _____ Zip _____ Rent\$ _____

Month/Year Moved In _____ Reason for Moving _____

Owner/Agent _____ Phone _____

Previous Address _____

Owner/Agent _____ Phone _____

CREDIT HISTORY

Have you declared bankruptcy in the past 7 years? _____

Have you ever been evicted from a rental residence? _____

Have you had 2 or more late rental payments in the past year? _____

Have ever willfully or intentionally refused to pay rent when due? _____

EMPLOYMENT INFORMATION

Employer _____ Phone _____

Address _____

Date Employed _____ Position _____

Supervisor Name _____ Salary _____

Previous Employer _____ Phone _____

Dates Employed _____ Position _____

Supervisor Name _____ Salary _____

Co-Applicant Employer _____ Phone _____

Address _____

Date Employed _____ Position _____

Supervisor Name _____ Salary _____

Previous Employer _____ Phone _____

Dates Employed _____ Position _____

If you have any other income you would like us to consider, please list income, source and person (banker, accountant, employer, etc...) who we may contact for conformation.

Amount\$ _____ Source/Contact _____

REFERENCES

Bank Accounts:

Name of Bank _____ Type of Account _____

Account Number _____

Name of Bank _____ Type of Account _____

Account Number _____

Nearest relative not living with you:

Name: _____ Phone: _____

Relationship to you _____

VEHICLE INFORMATION:

Make	Model	Year	License Plate State	Color

AUTHORIZATION, Release of Information:

Applicant hereby authorizes Landlord and Landlord's authorized agents to do whatever background and credit check on Applicant deemed appropriate. This may include an investigation of tenant's credit, criminal background, tenant history, banking and employment for the purpose of renting a property from Re/Max PARTNERS. Such credit reports may be obtained before and during the term of the lease and after the expiration or termination of the Lease as part of any effort to collect rent, costs, fees and charges owing under the Lease. Applicant hereby warrants that the information supplied above is complete and accurate and the breach of this warranty by Applicant may result in termination of any Lease entered into with Applicant by Landlord. Landlord and Landlord's agents are committed to providing equal housing opportunities to all rental applicants regardless of race, color, religion, national origin, handicap, or familial status. If this application is denied, Landlord or Landlord's agents shall within 10 (ten) days thereafter and upon written request of applicant, state the basis for said denial to Applicant. Please note there is a \$25.00 Non-Refundable Processing Fee that will be taken at the time of application return.

Applicant (Please Print)

Co-Applicant (Please Print)

Signature

Date

Signature

Date

FOR OFFICE USE:

Deposit of \$ _____ Received by _____ Date _____

Notes _____
