

# Rental Application

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last Suffix

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last Suffix

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**List all other occupants below:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

How long at present address? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Present Apt. Community/Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Street City State Zip

Rent? \_\_\_ Own? \_\_\_ Previous Apt. Community/ Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

**Other sources of income you would like for us to consider:**

Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ Convicted of a felony? \_\_\_\_\_ Filed Bankruptcy? \_\_\_\_\_

If yes to any of the above, please explain \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If so, what kind? \_\_\_\_\_ Breed \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_  
Color \_\_\_\_\_ Weight \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model _____	Year _____	Color _____	Tag Number _____	State _____
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**Please list two emergency contacts:**

Primary Contact Name _____	Address _____	City _____	State _____	Zip _____
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Relationship to Applicant _____	Home Phone _____	Work or Cell Phone _____
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Secondary Contact Name _____	Address _____	City _____	State _____	Zip _____
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Relationship to Applicant _____	Home Phone _____	Work or Cell Phone _____
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**\*In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.**

\_\_\_\_\_ Initial for Authorized Access

**Fair Housing**

In accordance with federal fair housing laws it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin in connection with the rental of most housing. The federal agency which administers compliance with this law is the U. S. Department of Housing and Urban Development.

**Equal Credit Opportunity Act**

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law is the U. S. Equal Credit Opportunity, Federal Trade Commission.

**Smoke Free Community**

I understand that this is a smoke free community.

_____	_____
Initials	Initials

**Application Fee**

Applicant has submitted the sum of \$\_\_\_\_\_ which is a non-refundable payment for the processing of this application. The application fee is not a rental payment or security deposit.

_____	_____
Initials	Initials

**Security Deposit**

Applicant has submitted the sum of \$\_\_\_\_\_ which is payment of the security deposit for an apartment. If for any reason the application is declined by management, the security deposit will be refunded in full. If the application is approved and applicant fails to occupy the premises on the agreed upon date, except due to delay caused by construction or the holding over of a prior resident, applicant will forfeit the security deposit. Applicant understands and agrees that if applicant cancel more than 48 hours after the submission of the application to management, the security deposit will be forfeited.

_____	_____
Initials	Initials

**Permission to Release Information**

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of all credit, income and rental/mortgage information to the agents and/or employees of Crowne Partners. I understand that the lease agreement will not become effective until this application is approved by management.

_____	_____
Applicant Signature	Date
Date Received	

\_\_\_\_\_ Authorized Agent for Owner

_____	_____
Spouse Signature	Date

\_\_\_\_\_ Email Address