

RENTAL APPLICATION

Landlord: _____ Client # _____
 Ph: _____ Fax: _____
 Property Address: _____

Move In Date: _____
 Lease Term: _____
 Deposit : \$ _____ Rent Amt: \$ _____
 New Applicant Add on Lease
 Co - Signer for _____

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK! EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY # BY DRIVERS LICENSE, STATE ID, OR SS CARD. **RENTAL APPLICATION FEE OF \$35.00 IS REQUIRED FOR EACH APPLICANT.**

APPLICANT INFORMATION

Applicant's Name
(full legal name)

Married Single Divorced
 Widow Separated

Maiden Name: _____

Cell No.
Phone No

Social Security #

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Date of Birth

Driver's License #

State Issued
Expiration Date

Have you ever been convicted of a crime (minor traffic not included)?
If yes, give details:

EMPLOYMENT HISTORY

Current Employer

Self Employed

Phone

Address

Nature of Business

Position

Start Date

Pay Rate

\$

Per

HR

WK

MTH

YEAR

HRs Weekly

Supervisor

Direct Phn

↓ PLEASE CHECK ONE: Second Employer Previous Employer (If Current Less Than Three Years) ↓

Second Employer

Self Employed

Phone

Address

Nature of Business

Position

Start Date

End Date

Pay Rate

\$

Per

HR

WK

MTH

YEAR

HRs Weekly

Supervisor

Direct Phn

RESIDENTIAL HISTORY

Current Address

Home Phone #

City

State

Zip

Landlord / Mtg Co

Rent Own Live w/Family

Landlord Phone

Alternate Phone

Date Moved In

Current Rent Amount

\$

Lease Expires

Have you Given Notice?

of Days

Reason for Move

Prev Address

City

State

Zip

Landlord / Mtg Co

Rent Own Live w/Family

Landlord Phone

Alternate Phone

Date Moved In

Date Moved Out

Rent Amount

Reason for Move

Have you ever been evicted or refused to pay rent when due?: Yes No
If yes, explain:

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)		
Number of persons to occupy apartment:		
Name	Relationship	Date of Birth

FINANCIAL INFORMATION			
	Bank name	Branch / phone	Account No
41	Checking		
42	Savings		
ADDITIONAL INCOME (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)			
44			
45	Have you ever filed bankruptcy?	When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
47	Vehicle #1					
48	Vehicle #2					
49	Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age:					
50	Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
51	Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No					
52	Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No					
53	Do you own furniture/furnishings to be moved into this property? <input type="checkbox"/> Yes <input type="checkbox"/> No					
54	If No, who does?					

REFERENCES			
	Name	Relationship	Phone Number
55			
56			
57			
58	In Case of Emergency:	Relationship:	Phone:

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into reliantly or any misstatements made above.

AUTHORIZATION	
I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and Integra realty to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references.	
I hold Integra realty, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I'm entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.	
Print Name: _____	
Signature: _____ Date _____	

Integra Realty, LLC Phone: 9 5 2 - 9 7 5 - 9 4 4 4 Fax: 9 5 2 - 9 7 5 - 2 9 9 2

