

# Credit Rental Application

No. Assigned: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amt. Deposit Received: \_\_\_\_\_  
Date Deposit Received: \_\_\_\_\_  
Date of Occupancy: \_\_\_\_\_  
Date of Lease: \_\_\_\_\_  
Rating: \_\_\_\_\_  
Priority: \_\_\_\_\_

Date: \_\_\_\_\_  
Property Name: \_\_\_\_\_  
Address Requested: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: ----- Single \_\_\_\_\_  
Married: \_\_\_\_\_  
Divorced: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Driver License # \_\_\_\_\_ State: \_\_\_\_\_  
Spouse / Roommate Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Present Address	City	State	Zip	Phone	Years	
Owner-Manager				Address	Phone	
Previous Address	City	State	Zip	Phone	Years	
Owner-Manager				Address	Phone	
Current Employer				Address	Phone	Years
Position	Salary	Supervisor's Name		Phone		
Previous Employer				Address	Phone	Years
Position	Salary	Supervisor's Name		Phone		
Spouse's / Roommate's Employer				Address	Phone	Years
Position	Salary	Supervisor's Name		Phone		

**In case of emergency notify:**  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Residence Desired: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_ Minimum Occupancy Expected: \_\_\_\_\_  
(No. of bedrooms)

Have you ever broken a lease or been evicted from any type of housing? \_\_\_\_\_  
If yes, please explain: (You may use the back of this form for additional space if necessary: \_\_\_\_\_)

**Name of all other occupants (all persons to occupy premises must be listed):**

Name	Relationship	Age

**How many autos (Including company cars) would you keep at this address?**  
Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_  
Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_

**Reverences:**  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Personal: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Personal: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**This application and the contents thereof are represented, by the undersigned, to be accurate and complete.**

Signature: \_\_\_\_\_

Spouse / Roommate Signature: \_\_\_\_\_