

RENTAL APPLICATION

Please complete *all* information on this form to qualify for consideration.

Name: Phone Number: Email:	Driver's License #: Social Security #: Location Wanted: Unit#:
Please list <i>all</i> prospective occupants (include yourself):	
<u>Name:</u>	<u>Relationship:</u> <u>Birth Date:</u>
When would you like to move in?	How long do you plan on staying?
Taking into account all your other expenses, can you afford the rent on this unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many vehicles do you wish to park on the Rental Property?
Do you smoke/vape? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe status:	Have you ever been evicted (as either a commercial or residential tenant?) <input type="checkbox"/> Yes <input type="checkbox"/> No
How good is your credit? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Oops!	Do you have any pets? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe weight, age & type:
Have you ever been convicted of a crime (other than minor traffic violations?) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give date & offense:	Is your pet a certified therapy pet? <input type="checkbox"/> Yes <input type="checkbox"/> No

RENTAL HISTORY – two or more years of rental history preferred

Complete current address:	Current landlord's name:
	Current landlord's phone #:
Present rent: \$ /month	May I call for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
What dates (Mo./Yr.) did you live there?	
Reason for moving?	
Complete previous address:	Previous landlord's name:
	Previous landlord's phone #:
	May I call for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for moving?	Rent: \$ /month
What dates (Mo./Yr.) did you live there?	
Other previous address:	Previous landlord's name:
	Previous landlord's phone #:
	May I call for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for moving?	Rent: \$ /month
What dates (Mo./Yr.) did you live there?	

EMPLOYMENT HISTORY – two or more years of employment history preferred

Current Employer:	Work Phone Number:
Employer's Address:	
What is your position there?	Gross Monthly Income:
When did you start working there?	May I call for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Your supervisor's name:
Previous Employer:	Work Phone Number:
Employer's Address:	
What was your position there?	Gross Monthly Income:
What dates (Mo./Yr.) did you work there?	May I call for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Your supervisor's name:

REFERENCES (No friends or relatives please.)

Name:	Phone:	Relationship (boss, teacher, etc.):
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Applicants declare that the foregoing information is true and complete. Providing false information on the Application is grounds for termination. Applicants authorize Lessor to obtain information regarding credit history, confidential information and criminal record from any source and/or anyone listed on the form. Lessor may charge and collect herewith a nonrefundable application fee; this fee is used to defray the administrative expense of processing and screening applications.

I understand that if I am accepted, a professional carpet cleaning fee is a non-refundable portion of my deposit that will be retained by the Lessor at move-out. I understand and agree that this application becomes the property of Bob Carpenter. By signing this application, the applicant agrees to allow his/her driver's license to be copied.

HOW DID YOU HEAR ABOUT THIS RENTAL UNIT?

<input type="checkbox"/> Sign	<input type="checkbox"/> Other Tenant	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Other
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Printed Name: _____

Today's Date: _____

Signature: _____

Please include a copy or picture of your driver's licence with your application.
Applications may be faxed to (866) 595-7724 or emailed to carp2@cablone.net

Thank you for your time and interest.