



APPLICATION TO LEASE

The following must be completed in its entirety and verified prior to consideration for occupancy.

For Office Use Only	
Property Name	
Apt. #	Apt. Type
Move-in Date:	Rent:

PLEASE PRINT

PERSONAL INFORMATION

LAST NAME			FIRST NAME			MIDDLE NAME		
Drivers License # & State			Social Security Number			Are you over 18?		
Current Phone #			Cell phone #			E-mail address		
Names of others who will occupy apartment:								

RESIDENTIAL HISTORY

Current address (Number, Street, City, Zip)						If apartment, name of complex			
						Dates of Residency			
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		House <input type="checkbox"/>		Apartment <input type="checkbox"/>		Room <input type="checkbox"/>	
To whom do you make payments? Name:						Monthly payment \$			
Address						Phone # ()			
City			State			Zip			

Previous address (Number, Street, City, Zip)						If apartment, name of complex			
						Dates of Residency			
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		House <input type="checkbox"/>		Apartment <input type="checkbox"/>		Room <input type="checkbox"/>	
To whom did you make payments? Name:						Monthly payment \$			
Address						Phone # ()			
City			State			Zip			

EMPLOYMENT/INCOME

Current Employer				Self Employed <input type="checkbox"/>		Dates of Employment				
						From:				
Address						To:				
City			State			Zip			Phone # ()	
Type of business			Position			Income		Annually		
						\$		Monthly		

Previous Employer				Self Employed <input type="checkbox"/>		Dates of Employment				
						From:				
Address						To:				
City			State			Zip			Phone # ()	
Type of business			Position			Income		Annually		
						\$		Monthly		

Other verifiable income (if needed to qualify)		Description	
\$			
\$			
\$			