



APPLICATION TO RENT

Please Complete Separate Application for Each Adult Applicant.

www.aagla.org

Name: _____ Social Security No.: _____
LAST FIRST MIDDLE INIT.

Driver's License/ID #: _____ State: _____ Birthdate: _____
MONTH - DAY - YEAR

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Email: _____

Current Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ To: _____ Last Rent Paid Month: _____ Amt: \$ _____

Owner/Manager: _____ Telephone #: _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

1st Previous Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ To: _____ Last Rent Paid Month: _____ Amt: \$ _____

Owner/Manager: _____ Telephone #: _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

2nd Previous Address: _____
STREET UNIT # CITY STATE ZIP CODE

How Long?
From (Month/Year): _____ To: _____ Last Rent Paid Month: _____ Amt: \$ _____

Owner/Manager: _____ Telephone #: _____

Owner/Manager Email Address: _____

Reason for Leaving: _____

CURRENT EMPLOYMENT:

Company Name: _____ Address: _____

Company Phone #: _____ Occupation: _____ Type of Business: _____

Name of Supervisor: _____

Employment Date - From: _____ To: _____ Monthly Salary: _____

PREVIOUS EMPLOYMENT:

Company Name: _____ Address: _____

Company Phone #: _____ Occupation: _____ Type of Business: _____

Name of Supervisor: _____

Employment Date - From: _____ To: _____ Monthly Salary: _____

WHEN DO YOU PLAN TO MOVE IN? Date: _____

Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. ~~If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand.~~ The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. _____ at _____

for \$ _____ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ _____ and a security deposit in the amount of \$ _____.

Applicant Signature _____ **Date** _____

For purposes of credit and rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.

If this box is checked there shall be no additional occupant(s).

Name: _____ Age: _____ Relationship: _____

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ADDITIONAL INFORMATION:

- 1. Have you ever had any credit problems? YES NO
- 2. Have you ever had an unlawful detainer filed against you? YES NO
- 3. Have you ever been evicted for non-payment of rent for any other reason? YES NO
- 4. Have you ever filed for bankruptcy? YES NO
- 5. Have you ever been convicted of a felony? YES NO
- 6. Do you have any animals? YES NO

If Yes, how many? _____ Describe: _____

- 7. Will you be using any water-filled furniture in your residence? YES NO

If Yes, do you have insurance coverage? YES NO

- 8. Do you have any musical instruments? YES NO

If Yes, what kind? _____

- 9. Do you smoke? YES NO

Does any other proposed occupant smoke? YES NO

- 10. Please explain any "YES" answers. _____

BANKING INFORMATION:

Name of Bank or Credit Union: _____ Branch or Address: _____

Checking #: _____ Approx. Bal.: _____

Savings #: _____ Approx. Bal.: _____

Name of Bank or Credit Union: _____ Branch or Address: _____

Checking #: _____ Approx. Bal.: _____

Savings #: _____ Approx. Bal.: _____

Other Sources of income: _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans):

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

Company Name: _____ Address/City: _____

Account #: _____ Present Balance: _____ Monthly Payment: _____

EMERGENCY CONTACT:

Name: _____ Address: _____

Relationship: _____ Phone #: (____) _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles):

Are you a registered owner? YES NO

If NO, who? _____

Year: _____ Make: _____ Model: _____ Color: _____ License #: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____ License #: _____ State: _____