

RENTAL APPLICATION

General Information								
Applicant Cell Phone:		Applicant Home / Work Phone:		Co-Applicant Cell Phone:		Co-Applicant Home / Work Phone:		
Applicant E-Mail Address:				Co-Applicant E-Mail Address:				
Applicant Full Name (Last, First Middle):				Co-Applicant Full Name (Last, First Middle):				
Social Security#	D.O.B.	Driver's License#	State	Social Security#	D.O.B.	Driver's License#	State	
Year, automobile, make, model, color		License Plate#		Year, automobile, make, model, color		License Plate#		
Residential History								
Present Address:			Start Date	End Date	Rent Amt:			
			Owner/Apt Complex:				Phone:	
			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family			Reason for Leaving:		
Previous Address:			Start Date	End Date	Rent Amt:			
			Owner/Apt Complex:				Phone:	
			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family			Reason for Leaving:		
Employment History								
Applicant Employer (Name and Address) <input type="checkbox"/> Check Self-Employed				Co-Applicant Employer (Name and Address) <input type="checkbox"/> Check Self-Employed				
From/Thru:		Contact & Phone #:		From/Thru:		Contact & Phone #:		
Wage:				Wage:				
Previous Employer (Name and Address) <input type="checkbox"/> Check Self-Employed				Previous Employer (Name and Address) <input type="checkbox"/> Check Self-Employed				
From/Thru:		Contact & Phone #:		From/Thru:		Contact & Phone #:		
Wage:				Wage:				
Miscellaneous Information								
Name of Occupants	Age	Name of Occupants	Age	Name of Occupants	Age	Name of Occupants	Age	
1.		3.		5.		7.		
2.		4.		6.		8.		
Pets (list each pet you own):								
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been evicted, asked to move or refuse to pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does any applicant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Felony / misdemeanor explanation: When? Where?								
Emergency Contact and Nearest Relative								
Name				Phone:				
Name				Phone:				

I, (undersigned) hereby give permission to have any information verified including my credit, employment, past employment, income, bank account, rental history and criminal background information. I further agree that a photocopy of this authorization may be accepted with the same authority as the original.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Remit to: AARON EAMES
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