

RENTAL APPLICATION (Revised August 2017)

Applicant _____ Co-Applicant _____

Social Security No. _____ Social Security No. _____

Number of Occupants: _____

Water Bed: Yes _____ No _____

Smokers: Yes _____ No _____

Pets: Yes _____ No _____

Present Address: _____

How long at present address: _____

Home phone #: _____

Cell phone #: _____

Landlord's Name: _____

Landlord's phone #: _____

Current rent payment: _____

Reason for leaving: _____

Prior Address: _____

How long at prior address: _____

Landlord's Name: _____

Landlord's phone #: _____

Rent payment: _____

Reason for leaving: _____

Driver's License Number: _____

Applicant

Co-Applicant

Number of Vehicles: _____

Vehicle #1 Year/Make/Model: _____

Vehicle #1 License Plate Number: _____

Vehicle #2 Year/Make/Model: _____

Vehicle #2 License Plate Number: _____

Include with application:

Full credit report with your name and credit score for all applicants.

One month's recent paystubs, direct deposit, or any other proof of funds for all applicants.

Photo of driver's license or other legal identification.

RENTAL APPLICATION (page 2)

APPLICANT'S SOURCES OF INCOME

Wages: \$ _____
Government Assistance: \$ _____
Child Support/Alimony: \$ _____
Other: \$ _____

CO-APPLICANT'S SOURCES OF INCOME

\$ _____
\$ _____
\$ _____
\$ _____

APPLICANT _____
(Name)

CURRENT EMPLOYER

Employer Name: _____ Phone #: _____
Position: _____ How Long: _____

PRIOR EMPLOYER

Employer Name: _____ Phone #: _____
Position: _____ How Long: _____

CO-APPLICANT _____
(Name)

CURRENT EMPLOYER

Employer Name: _____ Phone #: _____
Position: _____ How Long: _____

PRIOR EMPLOYER

Employer Name: _____ Phone #: _____
Position: _____ How Long: _____

PERSONAL REFERENCES

Name: _____
Address: _____
Phone #: _____ Relationship: _____

Name: _____
Address: _____
Phone # _____ Relationship: _____

RENTAL APPLICATION (page 3)

Have you ever been evicted from any rental premises?

Yes ___ No ___ If yes, please explain: _____

Have you ever willfully and intentionally refused to pay rent when due?

Yes ___ No ___ If yes, please explain: _____

Are there any circumstances which may interrupt your income or ability to pay rent?

Yes ___ No ___ If yes, please explain: _____

Have you ever been convicted of a felony?

Yes ___ No ___ If yes, please explain: _____

PETS

Name: _____

Breed: _____

Size: _____

Indoor: _____ Outdoor: _____

Name: _____

Breed: _____

Size: _____

Indoor: _____ Outdoor: _____

I agree to obtain and furnish a current copy of my credit report (with FICO score) before being considered for this property.

I represent that the information provided in application is true and correct to the best of my knowledge. I acknowledge receipt of a copy of this application.

Applicant's Signature

Date Signed

Applicant's Signature

Date Signed

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS.

Accepted: _____

Refused: _____

By: _____

TENANT RELEASE AND CONSENT FORM

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding source of income, and/or assets to SUMMERSET REALTY for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to: personal identity, source of income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Household Member	_____ (Print Name)	_____ Date
_____ Adult Household Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, A REQUEST FOR A COPY OF TAX FORMS MUST BE PREPARED AND SIGNED SEPARATELY.