

# RENTAL APPLICATION

COMMUNITY	APP FEE \$	MONTHLY RENT \$	APPLICATION TAKEN BY
APT. NUMBER	APT. TYPE	CONCESSION (IF ANY)	LENGTH OF LEASE TERM
NAME OF APPLICANT		EMAIL	DATE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
HOME PHONE	MOBILE PHONE/PAGER	WORK PHONE	
PRESENT RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PRESENT LANDLORD NAME/MORTGAGE CO.	LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT.
			\$
PREVIOUS RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME/	PREVIOUS LANDLORD PHONE	LENGTH OF RESIDENCY	RENT/MORT.
			\$
PREVIOUS RESIDENCE/ADDRESS		PREVIOUS LANDLORD PHONE	CITY, STATE, ZIP CODE
PREVIOUS LANDLORD NAME/	PREVIOUS LANDLORD PHONE	LENGTH OF RESIDENCY	RENT/MORT.
			\$
REFERRED TO US BY	PETS OWNED	TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT	DATE APT. NEEDED
	TYPE _____ LBS _____		
DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? _____ YES _____ NO			
IF YES, EXPLAIN _____			
<b>SPOUSE INFORMATION</b>			
SPOUSE NAME		DATE OF BIRTH	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
<b>PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT</b>			
NAME		RELATIONSHIP	

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EMPLOYMENT INFORMATION							
APPLICANT				SPOUSE			
EMPLOYER		POSITION		EMPLOYER		POSITION	
ADDRESS		PHONE NUMBER		ADDRESS		PHONE NUMBER	
MONTHLY INCOME	PERIOD OF EMPLOYMENT	SUPERVISOR		MONTHLY INCOME	PERIOD OF EMPLOYMENT	SUPERVISOR	
\$				\$			
OTHER SOURCES OF INCOME		CURRENT ANNUAL INCOME		OTHER SOURCES OF INCOME		CURRENT ANNUAL INCOME	
PREVIOUS EMPLOYER		POSITION		PREVIOUS EMPLOYER		POSITION	
ADDRESS		PHONE NUMBER		ADDRESS		PHONE NUMBER	
PERIOD OF EMPLOYMENT		SUPERVISOR		PERIOD OF EMPLOYMENT		SUPERVISOR	
FINANCIAL INFORMATION							
BANK REFERENCE	SAVINGS ACCOUNT(S)			ACCOUNT NUMBER			
AUTO LOANS	FINANCED WITH			ACCOUNT NUMBER			
CHARGE ACCOUNTS	NAME			ACCOUNT NUMBER			
AUTOS OWNED	MAKE & YEAR			LICENSE NUMBER			
EMERGENCY CONTACT INFORMATION							
EMERGENCY CONTACT (1)		RELATIONSHIP		COMPLETE ADDRESS			PHONE NUMBER
EMERGENCY CONTACT (2)		RELATIONSHIP		COMPLETE ADDRESS			PHONE NUMBER
<p>The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$ _____ (the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation/ISM Management Company may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done by a credit reporting agency and may include but is not limited to a consumer credit report, verification of employment with salary, rental history, criminal history and I therefore consent to this investigation.</p>							
APPLICANTS SIGNATURE			DATE	SPOUSE'S SIGNATURE			DATE



**EQUAL HOUSING OPPORTUNITY**

