|  |
| --- |
| Rental Application |
| Applicant Information |
| Name:  |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Monthly payment or rent: |  | How long? |  |
| Current Landlord |  | Phone Number |  |
| Previous Address |
| City: | State: | ZIP Code: |
| Monthly payment or rent: |  | How long? |  |
| Previous Landlord |  | Phone Number |  |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Emergency Contact |
| Name of a person not residing with you: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Relationship: |
| Co-applicant Information, if Married |
| Name: |
| Current employer: |
| Date of birth: | SSN: | Phone: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| List all proposed occupants |
| Name:  | Name: | Name: |
| Name: | Name: | Name: |
| Cars |
| Make: | Year: | Model: | License #: |
| Make: | Year: | Model: | License #: |
| References |
| Name: | Phone: | Relationship: | Years Known: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| I understand and acknowledge that an investigative consumer report may be obtained based on the information above. I authorize the company or individual I have made application with, or its designated agent, to conduct tenant screening or other screening related inquiries. (to the extent allowed by law) and authorize any past or present employer, or other business, landlord, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all tenant screening activities are conducted in compliance with the Fair Credit Reporting Act (FCRA) requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; and (7) Social Security Number verification ; I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries. **By my signature below, I acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act (FCRA).** I authorize the verification of the information provided on this form and I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |