

APPLICATION TO RENT

Each Individual Occupant Who is Responsible for Rent Payment MUST Complete a Separate Application Form

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE		HOME PHONE NUMBER	
1. PRESENT HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO.	
2. PREVIOUS HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO.	
3. NEXT PREVIOUS HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO.	
DESCRIBE EACH AND EVERY PERSON WHO WILL OCCUPY THE PREMISES		NAME / AGE		NAME / AGE		NAME / AGE	
		NAME / AGE		NAME / AGE		NAME / AGE	
WILL YOU HAVE ANY PETS?	IF YES, PLEASE DESCRIBE			WILL YOU HAVE ANY LIQUID FILLED FURNITURE?	DO YOU OR ANYONE ELSE WHO WILL OCCUPY THE PREMISES SMOKE?		
Present Occupation		Employer Name		Employer Name		Employer Name	
How long with this Employer		Phone Number		Employer Address		Employer Address	
Name of your Supervisor				Name of your Supervisor			
Prior Occupation		Employer Name		Employer Name		Employer Name	
How long with this Employer		Phone Number		Employer Address		Employer Address	
Name of your Supervisor				Name of your Supervisor			
Current Gross Income		Name of your Bank		Branch or Address		Checking Savings	
\$ PER <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Month						<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Please List ALL of yoy Financial Obligations (If More Creditors, Use Additional Sheet of Paper)							
Name of Creditor		Address		Phone Number		Monthly Payment Amount	
In Case of Emergency, Notify:		Phone:		City:		Relationship:	
List ALL Automobiles and any Other Vehicles:		1. Make:		Model:		Year: License #:	
2. Make:		Model:		Year:		License #: OTHER:	
Have you ever filed for bankruptcy?		IF YES, DATE BK FILED		Have you ever been evicted or asked to move?			
Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$ <u>0.00</u> which will be used to verify Applicant's credit history and other background information. The amount charged is itemized as follows:							
1. Actual cost of credit report, including any eviction search, and/or other verifying reports:		\$ <u>0.00</u>					
2. Landlord/Agent cost to process and screen applicant's supplied information:		\$ <u>0.00</u>					
3. TOTAL FEE charged (not to exceed \$30.00 per applicant):		\$ <u>0.00</u>					
The undersigned makes application to rent housing accommodations designated as:							
Address of: _____				City / State _____			
the rental for which is \$ _____ per month and upon approval of this application agrees to sign a rental lease agreement and to pay all sums due, including required deposits, before occupancy.							
_____ Date				_____ Signature of Applicant			

Application can be emailed to info@topqualityrentals.com or faxed to 678-253-6678