

**RENTAL APPLICATION FOR APARTMENT**

*\*Personal Information\**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SS#: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

**\*\*Employment History\*\***

Applicants Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_

**Other Income Information:**

If you receive any rental or income assistance please check which program applies:

SSI(Disability) \$\_\_\_\_\_  Public Assistance \$\_\_\_\_\_  Section 8 \$\_\_\_\_\_  Child Support \$\_\_\_\_\_  Other \_\_\_\_\_

**Spouse or Co-Applicant -** \_\_\_\_\_

Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_

**Other Income Information:**

If you receive any rental or income assistance please check which program applies:

SSI(Disability) \$\_\_\_\_\_  Public Assistance \$\_\_\_\_\_  Section 8 \$\_\_\_\_\_  Child Support \$\_\_\_\_\_  Other \_\_\_\_\_

**\*Rental History\***

Present Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Present rent paid: \_\_\_\_\_ Lease Exp Date: \_\_\_\_\_ How long? \_\_\_\_\_