



Home Applied For: _____

Preferred Start Date: _____

Length of Lease: _____

Rental Application

Applicant Information

Name:		
Date of Birth:	SSN:	Drivers License & State:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Since: _____ <input type="checkbox"/> Divorced Since: _____		
Cell Phone:	Home Phone:	Email:
Current address:		
City:	State:	ZIP Code:

Applicant Employment Information *(please provide proof of all income)*

Current employer:		Supervisor Name:	
Employer address:			How long?
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Position:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary/month	Annual income:	
Other Income:			

Applicant Rental/Address History

Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Landlord Name:		Landlord Phone:
Previous Address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
Landlord Name:		Landlord Phone:

Co-applicant Information

Name:		
Date of Birth:	SSN:	Drivers License & State:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Since: _____ <input type="checkbox"/> Divorced Since: _____		
Cell Phone:	Home Phone:	Email:
Current address:		
City:	State:	Zip:

Co-applicant Employment Information *(please provide proof of all income)*

Current employer:		Supervisor Name:	
Employer address:			How long?
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Position:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary/month	Annual income:	
Other Income:			

Co-Applicant Rental/Address History

Current address:		
City:	State:	Zip:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous Address:		
City:	State:	Zip:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

Proposed Pets *(please bring a copy of all current shot/veterinary records)***If approved, pet deposit will be determined on a case by case basis.**

Name:	Type/Breed:	lbs:	Age:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Spayed/Neutered: Y N
Name:	Type/Breed:	lbs:	Age:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Spayed/Neutered: Y N
Name:	Type/Breed:	lbs:	Age:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Spayed/Neutered: Y N
Name:	Type/Breed:	lbs:	Age:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Spayed/Neutered: Y N

Proposed Occupants

Name:	Relationship:	Age:	Occupation:
Name:	Relationship:	Age:	Occupation:
Name:	Relationship:	Age:	Occupation:
Name:	Relationship:	Age:	Occupation:
Name:	Relationship:	Age:	Occupation:
Name:	Relationship:	Age:	Occupation:

Emergency Contact

Name of a person not residing with you:

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

Name of a person not residing with you:

Address:

City:	State:	Zip:	Phone:
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Relationship:

Credit card/ Financial Information

Car loan Lien Holder:	Balance Owed: \$	Mo. Pymt: \$	Creditor Phone:
Credit Card Company:	Balance Owed: \$	Mo. Pymt: \$	Creditor Phone:
Credit Card Company:	Balance Owed: \$	Mo. Pymt: \$	Creditor Phone:
Credit Card Company:	Balance Owed: \$	Mo. Pymt: \$	Creditor Phone:
Child Support Other Credit Owed:	Balance Owed: \$	Mo. Pymt: \$	Creditor Phone:
Bank Account/ Name of Bank:	Balance: \$	Type:	Account Number:

Vehicle Information

Year:	Make:	Model:	Color:	Plate:	State:
Year:	Make:	Model:	Color:	Plate:	State:
Year:	Make:	Model:	Color:	Plate:	State:

References

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Applicant Questionnaire

Has Applicant ever been sued for bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Applicant ever been locked out of their home by sheriff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Applicant ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Applicant ever been brought to court by another Landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Applicant ever been guilty of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Applicant ever moved owing rent or damages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Applicant ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> Yes <input type="checkbox"/> No

::: FOR OFFICE USE ONLY :::

Date Received: _____	App Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	Date Paid: _____
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Release of Information Authorization

I, _____ (Applicant), and _____ (Co-Applicant, if applicable) in connection with this application, authorize all Corporations, Companies, Credit Agencies, Banks, Persons, Educational Institutions, Law Enforcement Agencies, Military Services and current and former employers to release information, including salary, they may have about me to **ASHE RENTAL AGENCY** and their agents, and release them from any liability or responsibility for doing so; further, I authorize procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time. I also understand that a criminal background check will be obtained relevant to this application. I understand this notice will also apply to any further update reports that may be requested.

I declare that all the information I have provided on all pages of this application is true and accurate. I understand that any misrepresentation or incorrect information provided to Ashe Rental Agency can result in denial of my application or eviction from leased premises.

Print Full Name (Applicant)

Date of Birth

Print Full Name (Co-Applicant)

Date of Birth

Applicant Social Security Number

Signature

Co-Applicant Social Security Number

Signature

Application Date: _____