



Rental Application for Residents and Occupants

Each co-applicant and each occupant over 18 years old must submit a separate application. Spouses may submit a single application

Date when filled out: _____

ABOUT YOU Full Name (exactly as on driver's license or govt. ID card) _____

Your street address shown on your driver's license or govt. ID card: _____

Driver's license # and state: _____

OR govt. photo ID card #: _____

Former last names (maiden and married) _____

Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____ Hair color: _____

Marital Status: single married divorced widowed separated

Are you a U.S. citizen? Yes No Do you or any occupant smoke? Yes No

Will you or any occupant have an animal? Yes No

Kind, weight, breed, age: _____

Current home address (where you now live) _____

City/State/Zip _____

Phone: (_____) _____ Current monthly rent: \$ _____

Name of apartment where you now live: _____

Current owner or manager's name: _____

Their phone: _____ Date moved in: _____

Why are you leaving your current residence? _____

Your previous home address: _____

City/State/Zip _____

Phone: (_____) _____ Current monthly rent: \$ _____

Apartment name: _____

Name of above owner or manager's name: _____

Their phone: _____ Previous monthly rent: _____

Date moved in: _____ Date moved out: _____

YOUR WORK Present employer: _____

Address _____

City/State/Zip _____

Work Phone: (_____) _____

Position: _____

Your gross monthly income is over :\$ _____

Date you began this job: _____

Supervisor's name and phone: _____

Previous employer: _____

Address _____

City/State/Zip _____

Work Phone: (_____) _____

Position: _____

Gross monthly income was over: \$ _____

Date you began and ended this job: _____

Previous supervisor's name and phone: _____

YOUR SPOUSE Full name: _____

Former last names (maiden and married) _____

Spouse's Social Security #: _____

Driver's license # and state: _____

OR govt. photo ID card #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____ Hair color: _____

Are you a U.S. citizen? Yes No

Present employer: _____

Address _____

City/State/Zip _____

Work Phone: (_____) _____

Position: _____

Date began job: _____ Gross monthly income is over: _____

Supervisor's name and phone: _____

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID care #: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID care #: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID care #: _____

Birthdate: _____ Social Security #: _____

YOUR VEHICLES List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if more than two.

Make and color of vehicle: _____

Year: _____ License#: _____ State: _____

Make and color of vehicle: _____

Year: _____ License#: _____ State: _____

WHY YOU RENTED HERE Were you referred? ? Yes no If Yes, by whom: _____

Name of locator or rental agency _____

Name of individual locator or agent: _____

Name of friend or other person: _____

Did you find us on your own? Yes No If Yes fill in the information below:

On the Internet Stopped by Newspaper (name): _____

Rental Publication: _____

Other: _____

<p>YOUR CREDIT HISTORY Your bank's name, city, state: _____</p> <p>_____</p> <p>List all major credit cards: _____</p> <p>_____</p> <p>Your other Non-work income you want considered. Please explain: _____</p> <p>_____</p> <p>Have you or your spouse ever owned a home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Past credit problems you want to explain. (Use separate page.)</p>	<p>EMERGENCY Emergency contact person over 18 who will Not be living with you:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work Phone:(_____) _____</p> <p>Home Phone:(_____) _____</p> <p>Relationship: _____</p> <p>If you die or are seriously ill, missing, or in jail or penitentiary according to an affidavit of, [check one or more]: <input type="checkbox"/> the above person, <input type="checkbox"/> your spouse, or <input type="checkbox"/> your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If No box is checked, any of the above are authorized to us to send for an ambulance at your expense. We're Not legally obligated to do so.</p>
<p>YOUR RENTAL/CRIMINAL HISTORY Check only if applicable</p> <p>You represent the answer is "No" to any item that is Not checked.</p> <p>Have you, your spouse, or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> broken a rental agreement? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been arrested for a felony or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? <input type="checkbox"/> been arrested for a sex-related crime that has Not been resolved by any method? Please indicate year, location and type of each felony and sex-related crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.</p> <p>_____</p> <p>_____</p>	<p>AUTHORIZATION I or we authorize (name of owner or complex)</p> <p>EBAN VILLAGE</p> <p>To obtain reports from consumer reporting agencies before, during and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including income history and other information reported by employers(s) to any state employment agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expired 365 days from the date of this Application.</p> <p>Applicant Signature _____</p> <p>Spouse's Signature _____</p>

Applicant must also complete and sign **“Contemplated Lease Contract Information”** form