

RENTAL APPLICATION

Laurel H. Hays
10 Vanderhorst Street

Full Name: _____ **Date:** _____

Cell Phone: _____ **Land Line:** _____

E-mail: _____ **Driver's License No. / State:** _____

Birth Date: _____ **Age:** _____ **SSN#:** _____

Present Address: _____

Name of Current Landlord: _____ **Landlord's Phone:** _____

Previous Address: _____

Name of Previous Landlord: _____ **Landlord's Phone:** _____

How long have you lived at present address? _____ **Previous Address?** _____
Dates (01/01/21 - 12/31/22) Dates (01/01/20 - 12/31/21)

Parents' Names: _____

Parents' Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parents' Home Phone: _____ **Parents' E-mail:** _____

Parents' Cell: _____

Name of School: _____ **Year:** _____

Employer: _____

How long? _____ **Position:** _____

Supervisor: _____ **Telephone:** _____

Will you possess a car and need a parking space at the house (\$50/mo)? _____

Car Make/Model/Yr/Color: _____ **Tag # & State:** _____

Insur Co: _____ **Policy No:** _____ **Phone:** _____

State reason for relocating: _____

Desired date to initiate lease: _____ **For a term of:** _____ **Rent / month:** _____

Have you even been served an eviction notice or been asked to vacate a property you were renting? _____

Have you ever willfully or intentionally refused to pay rent when due? _____

Do you agree to abide by the policy of no pets permitted on the premises? _____

If you are under 23 or a student, will a parent be willing to co-sign the lease? _____

I declare the foregoing information is correct, and I hereby authorize you to conduct an employment, criminal and credit check and to verify my references.

Signature: _____ **Date:** _____

In case of an emergency, contact:

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____

Name of Family Physician _____