

# **LEASE APPLICATION**

***This section to be completed by Owner/Agent***

Owner/Agent: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Applicant's Driver's License or Non-Driver's ID Number/State: \_\_\_\_\_  
\_\_\_\_\_

**Amounts to be Paid Prior to Occupancy:**

Application Fee: \_\_\_\_\_ (non-refundable)

First Month's Rent: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

**Documents to be Provided:**  Copies of 2 Pay Stubs

Letter of Employment  Tax Returns for the past 2 years

Letter from Current Landlord  Copy of State-Issued ID

If Self-Employed, Letter from Accountant

**APPLICANT EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

Present Employer: \_\_\_\_\_

Employer's Tel.# (\_\_\_\_\_) \_\_\_\_\_

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

How Long Employed: \_\_\_\_\_

Position: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_

*(If less than 2 years at current position)*

Employer's Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Do you engage in a home occupation?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

***To Be Completed by Owner/Agent  
(DO NOT USE BLACK INK TO COMPLETE)***

**FAIR CREDIT REPORTING NOTICE**

**A) Check One: (i) or (ii)**

(i)  A consumer credit or consumer investigative report may be requested in connection with this application to lease an apartment. The name and address of the consumer reporting agency which will be furnishing such report is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii)  The information obtained in this application will not be used to obtain a tenant screening report and the owner/agent does not use tenant screening reports to determine a prospective tenant or tenants' suitability for housing.

**(B) Disclosure Notice:**

- (1) Pursuant to federal and state law if the owner/agent requesting the tenant screening report takes adverse action against a prospective tenant or tenants on the basis of information contained in a tenant screening report, the owner/agent must notify the tenant that such action was taken and supply the tenant with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken.
- (2) Any prospective tenant against whom adverse action was taken based on information contained in a tenant screening report has the right to inspect and receive a free copy of such report by contacting the consumer reporting agency.
- (3) Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from ***www.annualcreditreport.com***.
- (4) Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

**ADDITIONAL INFORMATION**

Do you or other occupants smoke?       Yes       No

Have you been known by any name other than the one listed above? \_\_\_\_\_

In case of an emergency, please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have the applicant or other potential occupants ever been arrested, indicted or convicted of a felony or a misdemeanor?  
 Yes     No

If yes, please explain: \_\_\_\_\_

Have any judgments been entered against applicant or other potential occupants?     Yes     No

If yes, please explain: \_\_\_\_\_

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

**APPLICANT RENTAL HISTORY**

Present Status (*check one*):     Rent       Co-op/Condo       Homeowner       Other

Present Address: \_\_\_\_\_  
Number                      Street                      Apt. #                      City                      State                      Zip

How Long At This Address: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ per month

Present Landlord: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Number                      Street                      Apt. #                      City                      State                      Zip

Previous Landlord: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name All Other Persons To Occupy Apartment	Relationship	Date of Birth	Social Security #

**Please Note: No Dogs, Cats or other Pets Permitted. Initial: \_\_\_\_\_**

**Please complete a separate application for each co-applicant and/or guarantor.**

I hereby certify that the statements made in this application have been examined by me and are true, correct and complete to the best of my knowledge. I have no objection to inquiries being made in the future for the purpose of verifying the facts in this application or determining the qualifications of my application. I understand that the filing of this application in no way obligates owner/agent to reserve or lease an apartment to me. I authorize verification of the information from my credit sources, credit bureaus, current and previous landlords and employers and personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please answer all questions. Incomplete information may result in automatic rejection.  
 Attach additional sheets if necessary.**