## **RENTAL APPLICATION**

Desired Possession Date:		
Property Requesting:		
☐ I showed my self the property	☐ Agent showed property Agent	t name:
A \$50.00 non-refundable applied	cation fee is required for each applica	nt. Any person over age 18 is required to fill
out an ap	plication and pay the NON-REFUND	<b>ABLE</b> application fee.
<b>Instructions:</b> A separate applie	cation must be filled out by each appl	icant (even if married). Completely fill out
	dicated or application will not be pr	
euch stuffic und sign where in	**PERSONAL**	occision.
	TERSONAL	
Annligante	Diwth Do	to. SC#.
Home#	Coll #• Wo	te: SS#: rk #
Marital Status: USingle UMar	Ctil # Wi	l (since) date
Fmail Address:	Maid	en Name:
Former Snouse:	Drivers License #•	en Name: State Issued by:
Name of Rank:	Type of Account: Checking	Savings Date account opened:
Do you smoke? Tyes Tho Wer	e you referred to us by anyone? If so y	who?
Do you smoke. Lyes Life Well		VIIO.
	**ADDRESSES**	
	City	v/State
**Present Address:	Zi	p: Rent/mth: Landlord phone #
Present Phone #	Present Landlord:	Landlord phone #
Is present rent up to date? Uyes	□no Have you given notice? □yes	□no Have you been evicted? □yes □no
Dates of occupancy:	to	
Reason for leaving:		
Is owner of home related to you		V:
ψψD • ΑΙΙ	City	7/State
**Previous Address:	Zip	: Rent/mth: Landlord phone #
Previous pnone #	Present Landiord:	Landiord phone #
		□no Had you been evicted? □yes □no
Dates of occupancy:		
Reason for leaving:		
is owner of nome related to you	in any way: in so, nov	v:
	**OCCUPANTS**	
N	***OCCUPANTS***	
Number to occupy:	D14 1	D 4 61141
		Date of birth:
**		Date of birth:
Name:		Date of birth:
Name:		Date of birth:
Name:	Keiauonsnip:	Date of birth:
Poter Two The If was give do	tails (number type size and egg)	
☐ Inside Pet ☐ Outside		
- Inside I et - Gutside		
	**CARS**	
Make/Model/Color #1:	License #:	Lien Holder:
Make/Model/ Color #2:	License #:	Lien Holder:
	**EMPLOYMENT**	
Employer:	Address:	
Phone #	Since: Position	Supervisor:
<b>Previous Employer:</b>	Address:	
Phone #	Employment dates:	to Position:
Supervisor:		

	**INCO	OME**				
Current Income \$	Weekly/Biweekly/Monthly/	Yearly Source				
Current Income \$	Weekly/Biweekly/Monthly/	Yearly Source				
Current Income \$	Weekly/Biweekly/Monthly/	Yearly Source				
Section 8 YES	S NO	Shelter Care Plu	s YES N	O		
**REFERENCE**						
Relative	Relation	P	hone #			
Address:	Relation (	City:	State:	Zip:		
Non-Relative	Relation	Pho	one#			
Address:	- Relation	City:	_ State:	Zip:		
Who may we contact in the ca		Relation				
Explain any "YES" answers on back with names and details. Please answer all questions with <u>HONEST</u> answers.						
Has any signer ever been sued for bills?    Yes    No    Has any signer ever been sued for eviction?    Yes    No    Has any signer ever been sued for eviction?    Yes    No    Has any signer ever been guilty of a felony?    Yes    No    No    Has any signer ever been guilty of a felony?    Yes    No    No    Is the total move-in amount available now (rent and deposit)?    Yes    No    Yes    No    No    I Yes    I Yes    I No    I Yes    I						
We are pledged to the letter and spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.						
Applicant authorizes <u>TURN-KEY REALTY, LLC</u> to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant. Applicant gives permission to disclose any information obtained to the owner of the home applying for.						
****All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented. *****						
ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME						
Signature	DATE					
DO NOT WRITE BELOW THIS LINE THIS SECTION TO BE COMPLETED BY INTERVIEWER						
Back ground check:   Favor	rable 🛮 Unfavorable	Rental history   Poor	r 🛮 Favorable	□ Great		
	e to Verify	Amount of rent appro	oved for:			
	Info?	Referral fee?				
Deposit Amount: Terms of lease:		Monthly Rent: # of occupants:				
Move in Date:		# of occupants: Pet Deposit Amount: _				
Owner approved per?		Date:				