RENTAL APPLICATION

Please complete *all* information on this form to qualify for consideration.

| Name: | Driver's License #: | |
|--|--|--|
| Phone Number: | Social Security #: | |
| Email: | Location Wanted: Unit#: | |
| Please list <i>all</i> prospective occupants (include yourself): | | |
| Name: | Relationship: Birth Date: | |
| 1. | | |
| 2. | | |
| 3. | | |
| When would you like to move in? | How long do you plan on staying? | |
| Taking into account all your other expenses, can you | How many vehicles do you wish to park on the Rental | |
| afford the rent on this unit? □Yes □No | Property? | |
| Do you smoke? □Yes □No | Do you own a waterbed? □Yes □No | |
| Do you use illegal drugs? □Yes □No | | |
| Have you ever filed Bankruptcy? □Yes □No | Have you ever been evicted (as either a commercial or | |
| If yes, please describe status: | residential tenant?) □Yes □No | |
| How good is your credit? | Do you have any pets? □No □Yes | |
| □Good □Fair □Ooops! | If yes, please describe weight, age & type: | |
| | | |
| Have you ever been convicted of a crime (other than | | |
| minor traffic violations?) □No □Yes | | |
| If yes, please give date & offense: | | |
| | | |
| | | |
| RENTAL HISTORY | | |
| Complete current address: | Current landlord's name: | |
| | Current landlord's phone #: | |
| Present rent: \$ /month | May I call for a reference? □Yes □No | |
| How long have you lived there: | | |
| Why are you moving?: | | |
| Complete previous address: | Previous landlord's name: | |
| | Previous landlord's phone #: | |
| Why did you move?: | Rent: \$ /month | |
| How long did you live there?: | May I call for a reference? □Yes □No | |
| Other previous address: | Previous landlord's name: | |
| r | | |
| | Previous landlord's phone #: | |
| | | |
| Why did you move?: How long did you live there?: | Rent: \$ /month May Leall for a reference? \(\subseteq \text{Ves} \subseteq \text{No} \) | |
| How long did you live there'. | I May I call for a reference? LIVes LINO | |

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|--|---|--|
| | | |
| Current Employer: | Work Phone Number: | |
| Employer's Address: | | |
| What is your position there?: | Gross Monthly Income: | |
| How long have you worked there?: | May I call for a reference? □Yes □No Your supervisor's name: | |
| Previous Employer: | Work Phone Number: | |
| Employer's Address: | | |
| What was your position there?: | Gross Monthly Income: | |
| How long did you work there?: | May I call for a reference? □Yes □No Your supervisor's name: | |
| | 1 our supervisor s name. | |
| REFERENCES (No friends or relatives please.) | | |
| Name: Phone: | Relationship (boss, teacher, etc.): | |
| Name: Phone: | Relationship: | |
| Name: Phone: | Relationship: | |
| Applicants declare that the foregoing information is true and complete. Providing false information on the Application is grounds for termination. Applicants authorize Lessor to obtain information regarding credit history, confidential information and criminal record from any source and/or anyone listed on the form. Lessor may charge and collect herewith a nonrefundable application fee; this fee is used to defray the administrative expense of processing and screening applications. I understand that if I am accepted, a professional carpet cleaning fee is a non-refundable portion of my deposit that will be retained by the Lessor at move-out. I understand and agree that this application becomes the property of Bob Carpenter. By signing this application, the applicant agrees to allow his/her driver's license to be copied. | | |
| | | |
| HOW DID YOU HEAR ABOUT THIS RENTAL UNIT? | | |
| ☐ Sign ☐ Other Tenant ☐ Newspaper | □Flyer □Friend □Internet □Other | |
| Printed Name: | Today's Date: | |
| Timed Punic. | roday o Dato. | |
| Signature: | | |

Applications may be faxed to (866) 595-7724 or emailed to carp2@cableone.net
Any questions, please call (928) 925-3898 or (928) 925-5998

Thank you for your time and interest.