

# APPLICATION TO RENT

Name of Park	Date of Application

## Applicant Information

Name:		Date of Birth:
SSN:	Driver's License #:	Phone:

## Co-Applicant Information

Name:		Date of Birth:
SSN:	Driver's License #:	Phone:

## Names of Others That Will Live Here

Name:	Relationship:	Date of Birth:
Name:	Relationship:	Date of Birth:
Name:	Relationship:	Date of Birth:
Name:	Relationship:	Date of Birth:

## Pet Information

Type:	Breed:	Weight:	Color:	Age:
How many pets do you own?				

## Residence History

<b>Current Street Address:</b>				
City:	State:	ZIP Code:		
Present Landlord:			Phone:	
Monthly Payment:	How Long There?	Reason for Move:		

## Previous Street Address:

City:	State:	ZIP Code:		
Previous Landlord:			Phone:	

## Applicant Employment History

Present Employer:		Supervisor's Name:		
Employer's Address:			How Long?:	
Phone:	Gross Monthly Salary:	Position Held:		

**Co-Applicant Employment History**

Present Employer:		Supervisor's Name:	
Employer's Address:			How Long?:
Phone:	Gross Monthly Salary:	Position Held:	

**Other Source of Income (please list other sources of income you'd like us to consider)**

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**Credit References**

<b>Name:</b>		Street Address:		
City:	State:	ZIP Code:	Phone:	
<b>Name:</b>		Street Address:		
City:	State:	ZIP Code:	Phone:	
<b>Name:</b>		Street Address:		
City:	State:	ZIP Code:	Phone:	

**Personal References**

<b>Name:</b>		Street Address:		
City:	State:	ZIP Code:	Phone:	
<b>Name:</b>		Street Address:		
City:	State:	ZIP Code:	Phone:	
<b>Name:</b>		Street Address:		
City:	State:	ZIP Code:	Phone:	

**Have you the Applicant or the Co-Applicant ever: (please circle)**

Been sued for non-payment of rent?	Yes	No	If yes, why?
Been evicted or asked to move out?	Yes	No	If yes, why?
Declared bankruptcy?	Yes	No	If yes, why?
Broken a Rental Agreement or Lease?	Yes	No	If yes, why?
Been sued for damages?	Yes	No	If yes, why?
Been convicted of anything else?	Yes	No	If yes, why?

I hereby submit this application to lease property and certify that this information is correct. I authorize contact of any references that I have listed. I also authorize you to obtain my consumer credit report from your reporting agency and criminal background check.

Applicant's Signature:	Date:
Co-Applicant's Signature:	Date: