



EMMERT PROPERTY MANAGEMENT
RENTAL APPLICATION

\$25.00 Application fee is required

OFFICE USE
App. Fee Paid:
Apartment:
Move in date:
Security Dep Paid:
Approved Declined

PERSONAL

APPLICANT MARITAL STATUS: Single Married Divorced
PHONE# DL# Exp:

BIRTH DATE: SS# DRIVER'S LICENSE State Issued by:

SPOUSE/CO-APPLICANT RELATIONSHIP TO APPLICANT

PHONE# DL# Exp:

BIRTH DATE: SS# DRIVER'S LICENSE State Issued by:

ADDRESSES

(APPLICANT)

Present (Date) Rent/ Mortgage
Address City Zip Since Mo. Payment:

Present Landlord Address ZIP Phone()

Is Present Rent up to date? Yes No Have You Given Notice? Yes No Have you been asked to leave? Yes No

Previous (Date) Rent/ Mortgage
Address City Zip Since Mo. Payment:

Previous Landlord Address ZIP Phone()

Was rent up to date? Yes No Did you give notice? Yes No Were you asked to leave? Yes No

(SPOUSE/OR CO-APPLICANT, if different address)

Present (Date) Rent/ Mortgage
Address City Zip Since Mo. Payment:

Present Landlord Address ZIP Phone()

Is Present Rent up to date? Yes No Have You Given Notice? Yes No Have you been asked to leave? Yes No

Previous (Date) Rent/ Mortgage
Address City Zip Since Mo. Payment:

Was rent up to date? Yes No Did you give notice? Yes No Were you asked to leave? Yes No

OCCUPANTS

Table with columns: NAME, RELATIONSHIP, DOB, NAME, RELATIONSHIP, DOB

PETS

YES NO If yes, please give details (number of pets, types and size)

APPLICANT

Applicant Name:

EMPLOYER Since

Street/City

What do you do?

Supervisor Hrs. Worked Phone ()

PREVIOUS EMPLOYER Since

Street/City

What did you do?

Supervisor Hrs. Worked Phone()

SPOUSE/OR CO-APPLICANT

EMPLOYER Since

Street/City

What do you do?

Supervisor Hrs. Worked Phone()

PREVIOUS EMPLOYER Since

Street/City

What did you do?

Supervisor Hrs. Worked Phone()

PERSONAL

RENTAL HISTORY

PETS

EMPLOYMENT

INCOME

APPLICANT: Please provide 4 of your most recent paystubs

NET (BRING HOME)

Current Income \$ _____ Weekly/Bi-Weekly/Monthly/Yearly Source of Income: _____

Current Income \$ _____ Weekly/Bi-Weekly/Monthly/Yearly Source of Income: _____

SPOUSE/CO-APPLICANT: Please provide 4 of your most recent paystubs

NET (BRING HOME)

Current Income \$ _____ Weekly/Bi-Weekly/Monthly/Yearly Source of Income: _____

Current Income \$ _____ Weekly/Bi-Weekly/Monthly/Yearly Source of Income: _____

TOTAL DEBT *List below all monthly bills including car payments, cell phone, insurance, credit cards, medical bills*

CREDITORS NAME	PAYMENT AMOUNT	CURRENT (circle one)	
		YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

EMERGENCY CONTACT

Relative _____ Relation _____ Full Address _____ Phone(____) _____

Non-Relative _____ Full Address _____ Phone(____) _____

Explain any "YES" answers on back with names and details.

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 bankrupt?	Yes	No	Has any signer ever been guilty of a felony?	Yes	No
Has any signer ever broken a lease?	Yes	No	Is the total move-in amount available now?	Yes	No

(Rent & Deposit)

Comments: _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

X _____ x _____
SIGNATURE OF APPLICANT **SIGNATURE OF SPOUSE/CO-APPLICANT**

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.

**** HOW DID YOU HEAR ABOUT US:** _____

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.

I/WE CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE AND CORRECT. OWNER OR HIS AGENT IS HEREBY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THESE STATEMENTS. TO COMMUNICATE WITH MY/OUR EMPLOYER AND CREDITORS, AND TO PROCURE SUCH OTHER INFORMATION WHICH OWNER OR AGENT MAY REQUIRE TO EVALUATE THIS APPLICATION. THIS APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED. ANY FALSE INFORMATION WILL CONSTITUTE GROUNDS FOR DENIAL OF APPLICATION.

I understand that all of the Emmert Property Management apartments are non-smoking.

X _____ Date _____
SIGNATURE OF APPLICANT

X _____ Date _____
SIGNATURE OF SPOUSE/CO-APPLICANT

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.

INCOME

EMERGENCY CONTACT

OTHER INFORMATION