



# RENTAL APPLICATION

TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT  
TO AVAILABILITY



PROPERTY NAME / NUMBER		UNIT NUMBER / ADDRESS		
DATE	TIME	DATE UNIT WANTED	UNIT RENT	SCREENING CHARGE \$
OWNER / AGENT		STREET ADDRESS		PHONE
<b>APPLICANT</b>				
NAME (APPLICANT)				
DATE OF BIRTH		SOC. SECURITY #	DRIVER'S LICENSE # / STATE	
PRESENT STREET ADDRESS		CITY	STATE	ZIP
FROM	TO			PHONE ( )
LANDLORD NAME				PHONE ( )
LANDLORD STREET ADDRESS (OR APARTMENT NAME)		CITY	STATE	ZIP
FORMER STREET ADDRESS		CITY	STATE	ZIP
FROM	TO	FORMER LANDLORD	PHONE ( )	
FORMER LANDLORD STREET ADDRESS (OR APARTMENT NAME)		CITY	STATE	ZIP
OTHER STATES AND COUNTIES YOU HAVE LIVED IN THE PAST 5 YEARS				
PRESENT EMPLOYER				
STREET ADDRESS		CITY	STATE	ZIP
PHONE ( )		POSITION	HOW LONG? (DATE HIRED)	
GROSS PAY \$	OTHER INCOME \$	SOURCE		
PREVIOUS EMPLOYER				
STREET ADDRESS		CITY	STATE	ZIP
PHONE ( )		POSITION	HOW LONG?	
<b>REFERENCES</b>				
BANK (Checking)		BRANCH	PHONE	ACCOUNT NUMBER
BANK (Savings)		BRANCH	PHONE	ACCOUNT NUMBER
HAVE YOU ESTABLISHED RETAIL CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST ALL OTHER OUTSTANDING DEBTS: (Attach additional sheet if necessary)				BALANCE \$
RELATIVE / PARENT ADDRESS				MONTHLY PAYMENT \$
PERSONAL REFERENCE ADDRESS				PHONE ( )
HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE / /				
HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO WHERE WHEN				
<b>OTHER</b>				
OTHER OCCUPANTS: NAME		AGE OR DATE OF BIRTH	AUTOMOBILES	LICENSE NO.
			OTHER VEHICLES	
				PETS - Subject to approval by management Number & Type _____
				DO YOU INTEND TO USE: <input type="checkbox"/> Waterbed <input type="checkbox"/> Aquarium <input type="checkbox"/> Musical Instrument _____
				DO YOU HAVE RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>APPROVAL</b>				
Why are you vacating your present place of residence? _____				
Have you given legal notice where you now live? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you hear about our property? _____				
I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy.				
Owner/Agent has charged a screening charge as set forth above. Landlord may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation. The name and address of the screening company or credit reporting agency is:				
If the application is approved, applicants will have _____ hours from the time of notification to either execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute a deposit receipt which will provide for the forfeiture of the deposit if applicants fail to occupy the unit. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed.				
Good Faith Estimate:				
Approximate number of units currently available, or will in the foreseeable future be available, of the size and in the area requested by Applicant: _____ units.				
Approximate number of applications previously accepted and currently under consideration for those units: _____ applications.				
If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.				
APPLICANT X _____		DATE _____	PICTURE I.D. VERIFIED _____	
MANAGER X _____		DATE _____		

Form M002 OR © December 2006 Metro Multifamily Housing Association® NOT TO BE REPRODUCED WITHOUT WRITTEN PERMISSION rev. 12/19 /06