

Almost Home

House Rentals

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Subscriber ID	_____
Date	_____
Time	_____
Requested by	_____
Mail Report	_____
Schd Rent Amt	_____
Est. M/I Date	_____
TSP	_____

APPLICANT				CO-APPLICANT			
Name (include Jr or Sr if applicable)				Name (include Jr or Sr if applicable)			
Social Security No.		Date of Birth		Social Security No.		Date of Birth	
Driver's License No.		Telephone No.		Driver's License No.		Telephone No.	
APPLICANT		RESIDENT HISTORY		CO-APPLICANT			
Present Address				Present Address			
Street		Apt #		Street		Apt #	
City		State	Zip	City		State	Zip
Name of Landlord/Apartment Complex		Telephone No.		Name of Landlord/Apartment Complex		Telephone No.	
Rent Amounts	Dates	From	To	Rent Amounts	Dates	From	To
Former Address				Former Address			
Street		Apt #		Street		Apt #	
City		State	Zip	City		State	Zip
Name of Landlord/Apartment Complex		Telephone No.		Name of Landlord/Apartment Complex		Telephone No.	
Rent Amounts	Dates	From	To	Rent Amounts	Dates	From	To
APPLICANT		EMPLOYMENT INFORMATION		CO-APPLICANT			
Current Employer				Current Employer			
Name		Self-Employed _____		Name		Self-Employed _____	
Street				Street			
City		State	Zip	City		State	Zip
Dates	From	To	Telephone No.	Dates	From	To	Telephone No.
Position		Supervisor		Position		Supervisor	
Monthly Income				Monthly Income			
Previous Employer				Previous Employer			
Name		Self-Employed _____		Name		Self-Employed _____	
Street				Street			
City		State	Zip	City		State	Zip
Dates	From	To	Telephone No.	Dates	From	To	Telephone No.
Position		Supervisor		Position		Supervisor	
Monthly Income				Monthly Income			
BANK REFERENCE							
Name of Bank		Branch Location			Telephone No.		
Checking Account No.		Savings Account No.			How Long		

LIST INDIVIDUALS THAT WILL BE OCCUPYING THE HOME					
Name	Relationship			Date of Birth	
Name	Relationship			Date of Birth	
Name	Relationship			Date of Birth	
Name	Relationship			Date of Birth	
QUESTIONS					
Have you or the co-applicant broken a rental agreement?		Yes _____	No _____		
Have you or the co-applicant been evicted?		Yes _____	No _____		
Have you or the co-applicant been convicted of a drug-related crime?		Yes _____	No _____		
Have you or the co-applicant been convicted of a felony?		Yes _____	No _____		
PETS					
Will there be any pets?		Yes _____	No _____		
Name	License No.	Type	Weight	Color	
Name	License No.	Type	Weight	Color	
VEHICLES					
Year	Make	Model	Color	State	License No.
Year	Make	Model	Color	State	License No.
IN CASE OF EMERGENCY NOTIFY					
Name	Relationship			Telephone No.	
Address					
SIGNATURES					
<u>PLEASE READ CAREFULLY</u>					
Applicant represents that all of the above statements are true and complete, and hereby authorizes verifications of above information references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Management reserves the right to verify application information after move in and may convert the proposed Rent Agreement to a month to month term if misleading information is contained in this application. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of the proposed premises.					
Applicant's Signature				Date	
Co-Applicant's Signature				Date	