

# RENTAL APPLICATION

RENTAL APPLICATION			
COMMUNITY	APP FEE \$	MONTHLY RENT \$	APPLICATION TAKEN BY
APT. NUMBER	APT. TYPE	CONCESSION (IF ANY)	LENGTH OF LEASE TERM
NAME OF APPLICANT			DATE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
HOME PHONE	MOBILE PHONE/PAGER	WORK PHONE	
PRESENT RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE
PRESENT LANDLORD NAME/MORTGAGE CO.	LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE
PREVIOUS LANDLORD NAME/MORTGAGE CO.	PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE
PREVIOUS LANDLORD NAME/MORTGAGE CO.	PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
REFERRED TO US BY	PETS OWNED TYPE _____ LBS _____	TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT	DATE APT. NEEDED
DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? ____ YES ____ NO			
IF YES, EXPLAIN _____			
<b>SPOUSE INFORMATION</b>			
SPOUSE NAME			DATE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	STATE
<b>PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT</b>			
NAME		RELATIONSHIP	

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EMPLOYMENT INFORMATION			
APPLICANT		SPOUSE	
EMPLOYER	POSITION	EMPLOYER	POSITION
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
MONTHLY INCOME \$	PERIOD OF EMPLOYMENT	SUPERVISOR	
MONTHLY INCOME \$	PERIOD OF EMPLOYMENT	SUPERVISOR	
OTHER SOURCES OF INCOME	CURRENT ANNUAL INCOME	OTHER SOURCES OF INCOME	CURRENT ANNUAL INCOME
PREVIOUS EMPLOYER	POSITION	PREVIOUS EMPLOYER	POSITION
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
PERIOD OF EMPLOYMENT	SUPERVISOR	PERIOD OF EMPLOYMENT	SUPERVISOR
FINANCIAL INFORMATION			
BANK REFERENCE	SAVINGS ACCOUNT(S)	ACCOUNT NUMBER	
	CHECKING ACCOUNT(S)	ACCOUNT NUMBER	
AUTO LOANS	FINANCED WITH	ACCOUNT NUMBER	
	FINANCED WITH	ACCOUNT NUMBER	
CHARGE ACCOUNTS	NAME	ACCOUNT NUMBER	
	NAME	ACCOUNT NUMBER	
AUTOS OWNED	MAKE & YEAR	LICENSE NUMBER	
	MAKE & YEAR	LICENSE NUMBER	
EMERGENCY CONTACT INFORMATION			
EMERGENCY CONTACT (1)	RELATIONSHIP	COMPLETE ADDRESS	PHONE NUMBER
EMERGENCY CONTACT (2)	RELATIONSHIP	COMPLETE ADDRESS	PHONE NUMBER
<p>The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$_____ ( the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done by Tenant Check, Inc and may include but is not limited to a consumer credit report, verification of employment with salary, rental history, criminal history and I therefore consent to this investigation</p>			
APPLICANTS SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE

