

**RESIDENT APPLICATION**

Number of residents 1 2 3 4 (circle one). Each applicant must complete an application.

Applicant \_\_\_\_\_ E-mail: \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

From \_\_\_\_\_ Till \_\_\_\_\_ Present Landlord \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address (2)** \_\_\_\_\_ From \_\_\_\_\_ Till \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address (3)** \_\_\_\_\_ From \_\_\_\_\_ Till \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been evicted from any leased premises? Y N If yes, explain \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Total annual income \_\_\_\_\_ Other source of income \_\_\_\_\_

Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Savings account number \_\_\_\_\_ Checking account number \_\_\_\_\_

**Credit References:**

Name Address Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

**Personal References (Other than relatives):**

Name Address Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Nearest Relative to reach in an emergency (Not living with you)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & ZIP \_\_\_\_\_

I am a student at \_\_\_\_\_ Year 1 2 3 4 5 6 Grad (circle one)

Number of Vehicles (including Company Car), Trailer, Rec Vehicle, Motorcycle, Moped

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_

Drivers License \_\_\_\_\_ State \_\_\_\_\_

I hereby apply for rental of premises described as \_\_\_\_\_

My rental of said premises is to be limited to use and occupancy by family of size described above. Enclosed herewith is \$ \_\_\_\_\_ which will be forfeited if you accept this application and I do not take the apartment. Said deposit is to be returned if this application is not accepted. I hereby certify that all statement made above are true and correct.

**AUTHORIZATION FOR RELEASE OF INFORMATION** I hereby authorize all persons or entities listed herein above, to release any information in their possession known concerning me. A copy of this application shall serve as authority for the release of any of said information. I further authorize Steven Hellenbrand and or Marvin Hellenbrand, his agents, and/or employee to make such inquiries as deemed necessary for action and determination of this application.

**(PLEASE INITIAL) \_\_\_\_\_ If this application is denied, I do not require written notice.**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Referred by:  Isthmus  State Journal  Capital Times  Tenant  Start Renting  Other \_\_\_\_\_