

LONG-TERM RENTAL APPLICATION

PROPERTY INFORMATION

Date: _____ (mm/dd/yyyy)

Property address:

_____ (Street) _____ (Unit, if any)

_____ (City), _____ (State) _____ (ZIP code)

Rent amount: \$ _____ /month Rental application fee: \$ _____

APPLICANT PERSONAL INFORMATION

Applicant name:

_____ DOB: _____ SSN: _____

Other name(s) the applicant has used in the past 5 years: _____

Applicant contact information:

Cell phone #: _____ Work phone #: _____ Email: _____

Driver's license state and number: _____

Will there be other occupants in this apartment? YES / NO

If YES, list other occupants:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Note: If other occupant(s) are 18+ years of age, they must complete a separate application.

APPLICANT RENTAL HISTORY

Applicant's present address: _____

How long? _____ Monthly rent: \$ _____ Reason for leaving? _____

Previous landlord name: _____ Phone #: _____

Email: _____

Applicant's previous address: _____

How long? _____ Monthly rent: \$ _____ Reason for leaving? _____

Previous landlord name: _____ Phone #: _____

Email: _____

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APPLICANT EMPLOYMENT HISTORY

Current employer: _____ Position: _____ Salary: \$ _____
Work address: _____ Term of employment: _____ to _____
Work phone: _____ Supervisor name and phone #: _____

Previous employer: _____ Position: _____ Salary: \$ _____
Work address: _____ Term of employment: _____ to _____
Work Phone: _____ Supervisor name and phone #: _____

BACKGROUND INFORMATION

Checking and/or Savings Accounts:

Bank: _____ Address: _____ Account #: _____
Bank: _____ Address: _____ Account #: _____
Bank: _____ Address: _____ Account #: _____

Charge Accounts and/or Credits Cards:

Bank: _____ Address: _____ Account #: _____
Bank: _____ Address: _____ Account #: _____
Bank: _____ Address: _____ Account #: _____

Loans: _____ Monthly payments: \$ _____

Other sources of income: \$ _____

Do you have a pet(s)? YES / NO If YES, list information for pet(s) below:

Breed: _____ Weight: _____ YOB: _____ Color: _____

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Do you smoke? YES / NO

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REFERENCES

Personal References (People you have known for at least one year):

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Business References (Doctors, Attorneys, Accountants, Co-workers, etc.):

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

I hereby authorize _____ (Landlord Name/Company) to contact reporting agencies, credit bureaus, or other investigative agencies to check the information listed herein or other data that I have provided about my employment history, prior tenancies, credit, and general character.

Applicant Signature: _____ Date of Signature: _____

SHORT-TERM RENTAL APPLICATION

PROPERTY INFORMATION

Date: _____ (mm/dd/yyyy)

Property address:

_____ (Street) _____ (Unit, if any)
_____ (City), _____ (State) _____ (ZIP code)

GUEST PERSONAL INFORMATION

Guest(s) name(s):

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Guest(s) contact information:

Cell phone #: _____ Work phone #: _____ Email: _____

Driver's license state and number: _____

Cell phone #: _____ Work phone #: _____ Email: _____

Driver's license state and number: _____

Do you have a pet(s)? YES / NO If YES, list information for pet(s) below:

Breed: _____ Weight: _____ YOB: _____ Color: _____

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RENTAL INFORMATION

Nightly Weekly Monthly Rate amount: \$ _____

Guest check-in date: _____ Guest check-out date: _____

Check-in time: _____ Check-out time: _____ Number of guests: _____

Property type: House Apartment Cottage

Renting: Full House Partial house

Sleeps: _____ (#) Bedrooms: _____ (#) Beds: King Queen Twin Other: _____

Baths: Full _____ (#) Half _____ (#)

Parking spots: _____ (#) Assigned parking YES or NO Parking #: _____

Smoking allowed? YES or NO Designated smoking area? YES or NO Location: _____

Amenities included: Pool Golf club Tennis courts Gym Other: _____

Passes/keys provided: Pool Golf club Tennis courts Gym Other: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

PAYMENT INFORMATION

Guest has paid \$ _____ deposit. Check Cash Credit Card

Remaining balance due \$ _____ Payable by: Check Cash Credit Card

Guest Signature: _____ Date of Signature: _____