

Residential Rental Application



Property Information			
Address:		Date of anticipated move in:	
Applicant Information			
Name:		Date of birth:	
SSN:	Phone:	Email:	
Current address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please choose)	Monthly payment or rent: \$	How long?
Previous address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please choose)	Monthly payment or rent: \$	How long?
Employment Information			
Current employer:			How long?
Employer address:			
City:		State:	ZIP Code:
Position:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary (Please choose)
		Approx. annual income: \$	
Co-applicant Information			
Name:		Date of birth:	
SSN:	Phone:	Email:	
Current address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please choose)	Monthly payment or rent: \$	How long?
Previous address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please choose)	Monthly payment or rent: \$	How long?
Co-applicant Employment Information			
Current employer:			How long?
Employer address:			
City:		State:	ZIP Code:
Position:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary (Please choose)
		Approx. annual income: \$	
Emergency Contact			
Name of a person not residing with you:			Relationship:
Address:			
City:		State:	ZIP Code:
		Phone:	
References			
Name:		Address:	Phone:
List of All Occupants other than the applicant(s)			
Name:		Name:	Name:
Name:		Name:	Name:
Criminal/Credit History			
Have any of the occupants listed above ever		Been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Been late or delinquency on rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby declare that all statements made in this application are true and complete. In consideration of my application, I hereby authorize the Property Owner or their agent to conduct any inquiries deemed necessary to verify the accuracy of the information submitted.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:
To submit this application: Please turn in or email the filled form to your rental agent, or email to rental@timage.com.			