

NOTICE: CO-APPLICANT(S) MUST EACH COMPLETE A SEPARATE RENTAL APPLICATION FORM

PERSONAL INFORMATION

FULL NAME _____

PREVIOUS NAMES _____

DATE OF BIRTH _____

SOC. SECURITY # _____

IDENTIFICATION _____

TYPE _____

STATE _____

NUMBER _____

ISSUED _____

EXPIRES _____

CO-APPLICANT _____

OTHER OCCUPANT(S) _____

CONTACT INFORMATION

DAY PHONE _____

NIGHT PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL _____

RELATIONSHIP _____

RELATIONSHIP _____

HOW MANY PETS? _____ KIND OF PET, BREED, WEIGHT, AGE _____

RESIDENCE HISTORY FOR THE PAST THREE YEARS (BEGINNING WITH MOST CURRENT)

CURRENT ADDRESS

_____ DATES _____

OWNER OR AGENT _____ PHONE _____

PREVIOUS ADDRESS(ES)

_____ DATES _____

OWNER OR AGENT _____ PHONE _____

_____ DATES _____

OWNER OR AGENT _____ PHONE _____

EMPLOYMENT INFORMATION

CURRENT EMPLOYER

NAME _____

ADDRESS _____

PHONE _____

DATES EMPLOYED _____

STATUS _____

POSITION _____

SUPERVISOR _____

MONTHLY GROSS
INCOME _____

PREVIOUS/SECOND EMPLOYER

NAME _____

ADDRESS _____

PHONE _____

DATES EMPLOYED _____

STATUS _____

POSITION _____

SUPERVISOR _____

MONTHLY GROSS
INCOME _____

IF THERE ARE OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST INCOME, SOURCE AND PERSON (BANKER, EMPLOYER, ETC.) WHO WE COULD CONTACT FOR CONFIRMATION. YOU DO NOT HAVE TO REVEAL ALIMONY, CHILD SUPPORT OR SPOUSE'S ANNUAL INCOME UNLESS YOU WANT US TO CONSIDER IT IN THIS APPLICATION

AMOUNT _____

PER _____

SOURCE _____

NAME _____

TELEPHONE _____

AMOUNT _____

PER _____

SOURCE _____

NAME _____

TELEPHONE _____

BANK AND CREDIT REFERENCES

BANKING INFORMATION

INSTITUTION NAME _____

CITY-STATE/BRANCH _____

ACCT. NUMBER /TYPE _____

TELEPHONE _____

INSTITUTION NAME _____

CITY-STATE/BRANCH _____

ACCT. NUMBER /TYPE _____

TELEPHONE _____

CREDIT REFERENCES

INSTITUTION NAME _____

CITY-STATE/BRANCH _____

ACCT. NUMBER /TYPE _____

TELEPHONE _____

INSTITUTION NAME _____

CITY-STATE/BRANCH _____

ACCT. NUMBER /TYPE _____

TELEPHONE _____

HAVE YOU OR CO-APPLICANT EVER:

BEEN SUED FOR NON-PAYMENT OF RENT?	_____ YES	_____ NO	_____
BEEN EVICTED OR ASKED TO MOVE OUT?	_____ YES	_____ NO	_____
BROKEN A RENTAL AGREEMENT OR LEASE?	_____ YES	_____ NO	_____
BEEN SUED FOR DAMAGE TO RENTAL PROPERTY?	_____ YES	_____ NO	_____
DECLARED BANKRUPTCY?	_____ YES	_____ NO	_____

PLEASE GIVE ANY ADDITIONAL INFORMATION THAT MIGHT HELP MANAGEMENT EVALUATE YOUR APPLICATION:

EMERGENCY CONTACTS

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

FOR OFFICE USE ONLY

UNIT _____	EXPECTED MOVE IN DATE _____
NUMBER OF BEDROOMS _____ GARAGE _____	LENGTH OF LEASE _____
VEHICLE INFORMATION (NO MORE THAN 2 VEHICLES PER UNIT)	
MAKE _____ MODEL _____	YEAR _____ LICENSE PLATE _____
MAKE _____ MODEL _____	YEAR _____ LICENSE PLATE _____
OTHER _____	_____

AUTHORIZATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, MY APPLICATION FOR TENANCY IS CORRECT AND COMPLETE. I AUTHORIZE YOU TO MAKE ANY AND ALL INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY APPLICATION FOR HOUSING. I FURTHER UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION IS GROUNDS FOR IMMEDIATE REJECTION OF THIS APPLICATION.

I SPECIFICALLY AUTHORIZE AND REQUEST ALL PRESENT AND PREVIOUS EMPLOYERS, MORTGAGE HOLDERS, LANDLORDS, RENTAL AGENTS, CREDIT GRANTORS, BANKS, ACCOUNTANTS, STOCKBROKERS AND LOCAL, STATE AND FEDERAL GOVERNMENT AGENCIES, CREDIT AND PERSONAL REFERENCES, TO RELEASE ANY REQUESTED INFORMATION IN THE EVALUATION OF MY APPLICATION FOR RENTAL HOUSING. I ALSO AUTHORIZE DOUBLE JACK PROPERTIES, LLC TO OBTAIN MY CONSUMER CREDIT REPORT. I UNDERSTAND THAT THE APPLICATION FEE IS \$_____ (NON REFUNDABLE).

Double Jack Properties, LLC makes lease/rental decisions without regard to race, color, gender, religion, national origin, age, disability, marital status, sexual orientation, or any other basis that is prohibited by law.

SIGNATURE OF APPLICANT _____ DATE SIGNED _____

Please Attach a Copy of Applicant's Drivers License

APPROVED _____	NOT APPROVED, REASON(S): _____
APPLICANT NOTIFIED BY _____	LETTER (COPY ATTACHED) TELEPHONE FAX IN PERSON
COMMENTS _____	