

# RENTAL APPLICATION

COMMUNITY		APP. FEES \$		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			
<b>EMPLOYMENT INFORMATION</b>							
<b>APPLICANT</b>				<b>SPOUSE</b>			
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	
<b>FINANCIAL INFORMATION</b>							
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			
<b>EMERGENCY CONTACT INFORMATION</b>							
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>							
APPLICANT'S SIGNATURE				DATE		SPOUSE'S SIGNATURE	