



## AUTOMOBILE INFORMATION

Only the vehicles listed below will be permitted overnight parking on property.

Year	Make/Brand	Model	Color	License Plate No.	State

## EMPLOYMENT HISTORY (10 Years)

### **Current/Most Recent Employer**

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_  
Include Area Code

### **Previous Employer (1)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_  
Include Area Code

### **Previous Employer (2)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_  
Include Area Code

## REFERENCES

### **Personal Reference** (not related)

Name:  Include Apt. or Unit # \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ For how long?: \_\_\_\_\_  
Include Area Code

### **Professional Reference** (Employer, Ect. not related)

Name:  Include Apt. or Unit # \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ For how long?: \_\_\_\_\_  
Include Area Code

### **Family Reference** (related and not a proposed occupant)

Name:  Include Apt. or Unit # \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ For how long?: \_\_\_\_\_  
Include Area Code

**ADDITIONAL SOURCES OF INCOME**

Do you or anyone in your household currently receive or expect to receive any income from the following sources in the next 12 months:

No       Yes      Regular pay as a member of the Military or Armed Forces?

Household Member	Amount Per Month

No       Yes      Unemployment Benefits or Worker's Compensation?

Household Member	Amount Per Month

No       Yes      Public Assistance, General Relief, or Aid to Families with Dependent Children (AFDC)?

Household Member	Amount Per Month

No       Yes      Child Support or Alimony?

Household Member	Amount Per Month

If YES, how is the child support received? (check all that apply)

Child Support Enforcement Agency

Agency & Contact Info: \_\_\_\_\_

Directly from an individual

Name & Contact Info: \_\_\_\_\_

Court of Law

Courthouse & Contact Info: \_\_\_\_\_

No       Yes      Social Security, SSI, or any other payments from the Social Security Administration?

Household Member	SSA Office & Contact	Amount Per Month

No       Yes      Regular payments from a Veterans' benefit, pension, retirement benefit, or annuities?

Household Member	Name & Address of Benefit	Amount Per Month

No       Yes      Regular payments from a severance package or from any type of settlement?

Household Member	Description	Amount Per Month

**ADDITIONAL SOURCES OF INCOME (cont.)**

Do you or anyone in your household currently receive or expect to receive any income from the following sources in the next 12 months:

No       Yes      Regular gifts or payments from anyone outside of the household?  
(includes supplementing your income or paying any of your bills)

Household Member	Description	Amount Per Month

No       Yes      Regular payments from lottery winnings or inheritances?

Household Member	Description	Amount Per Month

No       Yes      Regular payments from rental property or other types of real estate transactions?

Household Member	Description	Amount Per Month

No       Yes      Any other sources of income not listed?

Household Member	Description	Amount Per Month

No       Yes      Do you or any other household members expect any changes in income in the next 12 months?

Household Member	Explanation	Amount Per Month

**CREDIT INFORMATION**

In the chart provided below list any credit cards or loans, including but not limited to: bank cards, department stores, gas cards, student loans, etc.

Name of Creditor	Account Number	Monthly Payment	Balance Due

**BANKING INFORMATION**

Name of Bank	Branch Address	Account Number	Balance

## GENERAL QUESTIONS

- No       Yes      Are you a U.S. Citizen?
- No       Yes      Do you have renter's insurance?
- No       Yes      Do you have any water-filled furniture?

- No       Yes      Do you or any other household members have or expect to have any animals?

Type (dog, cat, etc.)	Pet's Name	Size (lbs & ft/in)	Age	Color	Kid Friendly?

- No       Yes      Have you ever been served a late rent notice? If yes, explain why.  
 Explanation: \_\_\_\_\_

- No       Yes      Have you ever broken a lease? If yes, explain why.  
 Explanation: \_\_\_\_\_

- No       Yes      Have you ever left any type of rental property still owing money? If yes, explain why and the amount owed.  
 Explanation: \_\_\_\_\_

- No       Yes      Have you ever been served an eviction notice? If yes, provide rental address and date of occurrence.  
 Explanation: \_\_\_\_\_

- No       Yes      Have you ever filed for bankruptcy? If yes, when?  
 Explanation: \_\_\_\_\_

- No       Yes      Have you ever been convicted of a felony? If yes, explain when and why.  
 Explanation: \_\_\_\_\_

- No       Yes      Are you subject to a lifetime state sex offender registration program in any state? If yes, explain and provide state.  
 Explanation: \_\_\_\_\_

- No       Yes      Have you ever filed a lawsuit against a landlord/management company? If yes, provide details on lawsuit filed.  
 Explanation: \_\_\_\_\_

- No       Yes      Are you or any household member a current user of illegal drugs?

- No       Yes      Do you abuse alcohol to the extent that you are a danger to others health, safety, or right to peaceful enjoyment?

How did you hear about us?

Explanation: \_\_\_\_\_

