

above can result in the termination of any signed lease.

Property Name:

PRELIMINARY RENTAL APPLICATION

Date: _____

Please fill out all sections completely to expedite the screening process. Please note that this is a preliminary application and is only used to view an apartment. If approved, a formal application will be provided.

	Number of Rooms Desired / Other Room	mmate(s) Applying:			
	Desired Move-In Date:				
APPLIC <i>A</i>	ANT	OUDDENT!	ANDI ODD		
Name:		CURRENT L Company:	ANDLORD		
Email:					
Date of Birth:		Phone:			
Social Security:		Address:			
Phone:		City:	State:	Zip:	
Address:		From:	To:		
City:	State:	PREVIOUS I	ANDI ORD		
Zip:		Company:	LANDLOND		
STUDEN	IT	Phone:			
Are you a If yes, wh	a student? YES NO nere?	Address:			
Major:	GPA:	City:	State:	Zip:	
Year in School:		From:	To:		
•	provide a co-signer? YES NO e they in-state? YES NO	PETS			
EMPLOY	/ER	Species:	Number:	Breed:	
Company	y:	OTHER			
Address:		Have you ever been evicted? YES NO			
City:	State: Zip:	_	Have you ever been convicted or plead No Contest to		
Phone:		any Felony or Misdemeanor? YES NO If yes, when?			
Position: Duration:		Why are you	vacating your curre	ent place of reside	ence?
Gross pa	y:				
	y that all information provided above is accu	rate and complete. I u	nderstand that any	false information	give