

ROCKWOOD LIVING RENTAL APPLICATION

RENTAL FORM MUST BE COMPLETELY FILLED OUT AND SIGNED. APPLICATION FORM MUST HAVE ALL QUESTIONS ANSWERED AND SIGNED BEFORE IT CAN BE PROCESSED. APPLICATION WILL BE HELD ACTIVE FOR 6 MONTHS. AFTER THAT DATE, THIS OFFICE MUST BE NOTIFIED IF AN EXTENSION IS REQUESTED.

This application is presented to owner or its agent without regard to race, color, creed, sex or national origin.

Montego Place Shoreham Park Housing

Full Name: _____ Single Married Widowed Divorced Age: _____

Co-tenant: _____ Single Married Widowed Divorced Age: _____

Present Address: _____ Phone: _____

Street & No. City State Zip

Address Past 3 Yrs: _____

Reason for Leaving: _____

Total number of persons to occupy suite: _____ No. of Adults: _____ No. of children: _____ Ages of children: _____

ONE CHILD PER ROOM – MAXIMUM 2 ADULTS TO OCCUPY A ONE BEDROOM APARTMENT. (NO INCREASE IN OCCUPANTS IS ALLOWED WITHOUT WRITTEN PERMISSION OF LESSOR OR AGENT.)

Social Security No. of Applicant : _____ Social Security No. of Spouse or Co-Tenant: _____

Name & Address of present landlord: _____

Former landlord (if present address is less than 3 yrs.) _____

Amount of rent: _____ How Many Years At This Address: _____ Landlord's Phone No.: _____

Tenant's Employer: _____ Address: _____

Job Title: _____ Who to Contact: _____ Phone: _____

Length of Service: _____ Monthly Income: _____ Other Income: _____ Source: _____

Checking Account With: _____ Branch: _____

Savings Account With: _____ Branch: _____

Type of Automobile: _____ Year: _____ License Plate No. _____ State of Registry: _____

Balance Due on Automobile: _____ Monthly Payment: _____ To Whom: _____

Number of Autos That You Will Keep At This Address: _____ ONLY ONE AUTOMOBILE ALLOWED PER ADULT TENANT

Boats, trucks, trailers, motorcycles, inoperable or unlicensed automobiles, campers & recreational vehicles are prohibited on the premises.

Personal References:

1. _____
Name Address Relationship Phone

2. _____
Name Address Relationship Phone

Credit Reference:

_____ Name of Company Address Phone

In case of an emergency Notify (2 Contacts please): 1. _____ Relationship: _____

Address: _____ Phone: _____

Street & No. City State Zip

In case of an emergency Notify: 2. _____ Relationship: _____

Address: _____ Phone: _____

Street & No. City State Zip

Type of Accommodation Desired: Apartment Townhouse Housing Number of Bedrooms: _____ Date Needed: _____

Month Year

Have you ever been evicted for nonpayment of rent: _____ Or other reasons: _____ If yes, explain: _____

Have you ever had wages garnished or a judgment lien placed against you for nonpayment of debts or other obligations: _____

If yes, explain: _____

Have you ever been convicted of a felony: _____ Misdemeanor: _____ If yes, explain: _____

AUTHORIZATION VERIFICATION

The undersigned warrants and represents that all statements herein are true and complete and hereby authorizes lessor or agent to check references, verify income, employment, rental history and obtain a written credit report. Application subject to landlord accepting credit rating. If lessee wants a signed lease canceled, it is understood that the deposit will be forfeited.

All applicants MUST sign this application.

APPLICANT SIGNATURE ONLY _____ Date: _____

APPLICANT SIGNATURE ONLY _____