

RENTAL APPLICATION

□ Applicant □ Co-Signer

OFFER SUMMARY									
PROPERTY ADDRESS (STREET, CITY)									
DESIRED LEASE TERM □ One Year (12 Month)	ths) □ Two	Years (24 l	Months) □ C	ther Duration	on:				
LEASE START DATE	OFFER PRICE (INCLUDING PARKING IF REQUIRED) PROPOSED SECURITY DEPOSIT □ 1 Month □ 2 Months □ Other:								
DO YOU NEED PARKING?			DO YOU HAVE ANY PET						
□ None □ One S _ໄ	pace □ Two	Spaces	□ None □ Dogs (Q					□ Spay/Neuter) Iore Than lbs.)	
THE LANDLORD MAY REQUIRE THAT YOU RENTERS INSURANCE DURATION THE DI LEASE. ARE YOU WILLING TO OBTAIN SU	URATION OF THE	YONE BESIDES YO	DURSELF WILL OCCUPY TH	HE PREMISES, PLE	ASE SPEC	IFY (NAME AN	ND DATE OF BIF	RTH)	
DO ANY OF THE OCCUPANTS SMOKE?									
ARE YOU REPRESENTED BY A BROKER I									
□ No □ Yes (Name	of Brokerage:		, Agent:			; Agent's Phone:)			
PERSONAL INFORMAT	TION								
NAME (LAST, FIRST & MIDDLE)			DATE OF BIRTH			SOCIAL SECURITY NUMBER / TAXPAYER ID			
TELEPHONE (CELL)	TELEPHO	NE (WORK)	E-MAIL ADDRESS						
CURRENT ADDRESS (STREET, CITY, STAT	ΓE, ZIP CODE)						DO YOU OWN	OR RENT THIS PROERTY?	
							□ Ov	vn □ Rent	
PREVIOUS ADDRESS (STREET, CITY, STA						DID YOU OWN OR RENT THIS PROERTY? □ Own □ Rent			
DRIVER'S LICENSE (NUMBER / STATE OF		MARITAL STATUS □ Single □ Married or Civil U				□ Divor	ced or Widowed		
EMPLOYMENT INFO	RMATION								
NAME OF CURRENT EMPLOYER HOW LONG HAVE YOU WORKED HERE?								E?	
ADDRESS (STREET, CITY, STATE)				I					
SUPERVISOR	SUPERVISOR'S TITLE		SUPERVISOR'S TELEPHONE SL		SUP	JPERVISOR'S E-MAIL ADDRESS			
YOUR POSITION PRIMARY TYPE OF COMPEN			Sation Commission ANNUAL			EMPLOYMENT INCOME			
			<u> </u>						
FINANCIAL INFORMA	ATION								
DO YOU HAVE ANY OTHER SOURCES OF			AS NOT ALREADY DISCLOS)	
PLEASE INDICATE THE FINANCIAL INSTIT			FILED FOR BANKRUPTCY		PECIFY	TOTAL VALU	JE	TOTAL VALUE	
MOST OF YOUR REGULAR BANKING (CHECKING, SAVINGS, ETC.) DATE & JURIS N			DICTION.			OF ALL ASSI		OF ALL DEBTS	
			s. Discharged or	1.	<u> </u>				
CDIMINAL BACKGRO	OUND								

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO, PLEASE SPECIFY (CONVICTED OFFENSE, DATE & JURISDICTION).

□ No

□ Yes,

HOUSING REFERENCES								
CURRENT LANDLORD (OR MORTG	AGE CO	MPANY)						
PROPERTY ADDRESS		MONTHLY PAY	MENT	DATES OF C	DATES OF OCCUPANCY			
LANDLORD'S NAME	LANDLORD'S TELEPHONE	1	LANDLORD'S FAX					
LANDLORD'S ADDRESS (STREET, CITY, STATE)			LANDLORD'S E-MAIL AD	S E-MAIL ADDRESS				
PREVIOUS LANDLORD (OR MORTO	SAGE CO	OMPANY)						
PROPERTY ADDRESS	MONTHLY		MENT	DATES OF OCCUPANCY				
LANDLORD'S NAME	LANDLORD'S TELEPHONE	LANDLORD'S FAX						
LANDLORD'S ADDRESS (STREET, CITY, STATE)		LANDLORD'S E-MAIL ADDRESS						
LATE HISTORY, DEFAULT, & EVICTION	ON							
LATE IN PAYING ON A RESIDENTIAL HOUSING AGREEMENT? NO YES SECURIT TO A REN LIVING 0.		NDLORD EVER REFUSED TO RETURN Y DEPOSIT FOR DAMAGE SUSTAINED ITAL PROPERTY IN WHICH YOU WERE R THE RESPONSIBLE PARTY? NO □ Yes	AGREEMEI	EVER BEEN HELD IN DEF NT PERTAINING TO RESID (INCLUDING FORECLOSU NO DYES	ENTIAL	HAVE YOU EVER BEEN EVICTED FROM A PROPERTY IN WHICH YOU WERE LIVING OR THE RESPONSIBLE PARTY?		
EMERGENCY CONTACT								
IN THE EVENT OF AN EMERGENCY	, PLEAS	SE IDENTIFY ANYONE YOU	J WOULD V	VANT THE LAND!	ORD TO	CONTACT.		
NAME RELATION		TEL	EPHONE		E-MAIL AD	DDRESS		
		<u> </u>			'			
REFERENCES								
WHEN RENTING SOME LUXURY PROPEREFERENCES FROM INDIVIDUALS WHO SPECIFICALLY INSTRUCTED TO COMP	O CAN SE	PEAK TO AN APPLICANT'S CH	HARACTER A	AND FINANCIAL QU	ALIFICATIO	NS. <u>YOU WILL BE</u>		
ACCOUNTANT								
NAME		TELEPHONE		E-MAIL ADDR		RESS		
WEALTH / MONEY MANAGER								
NAME		TELEPHONE	E-MAIL ADDRESS					
ATTORNEY								
NAME	TELEPHONE		E-MAIL ADDRESS					
I represent that all of the informatic and/or its agents, verifying any and will be contacted. I also consent to the rental of the unit described abo	l all info any cre	rmation contained within. dit and background chec agree to pay all reasonal	. I acknowl ks that ma oly related	ledge that my emay be required by	ployment the Land	t and housing references llord in conjunction with		
		SIGNATURE	DATE					

PLEASE RETURN THIS APPLICATION, ALONG WITH PROOF OF INCOME & IDENTITY, BY FAX TO: (630) 214-0100 OR BY E-MAIL TO: INFO@TNICHOLASREALTY.COM











