

Rental Application HOMES ON TOUR

APARTMENT ADDRESS: _____

MOVE-IN DATE: ____/____/____ RENT: \$_____ DEPOSIT: \$_____

APPLICANT:

LAST NAME	FIRST NAME	INITIAL	DRIVERS LICENCE	SOCIAL SECURITY#	BIRTHDATE

IDENTIFICATION VERIFIED: YES NO PETS: YES NO WATERBED: YES NO

LIST ALL OTHER PROPOSED OCCUPANTS

NAME	AGE	RELATIONSHIP

RESIDENCE HISTORY: IT IS THE APPLICANTS RESPONSIBILITY TO ENSURE ALL INFORMATION IS CORRECT & COMPLETE. MISSING OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR THE REJECTION OF THE APPLICATION.

CURRENT ADDRESS		PREVIOUS ADDRESS		FORMER ADDRESS	
ADDRESS		ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE ZIP		CITY, STATE ZIP	
HOME PHONE# ()		HOME PHONE# ()		HOME PHONE# ()	
RENT \$	DEPOSIT \$	RENT \$	DEPOSIT \$	RENT \$	DEPOSIT \$
MOVED-IN / /	MOVED-OUT / /	MOVED-IN / /	MOVED-OUT / /	MOVED-IN / /	MOVED-OUT / /
LANDLORD NAME		LANDLORD NAME		LANDLORD NAME	
LANDLORD PHONE #		LANDLORD PHONE #		LANDLORD PHONE #	
REASON FOR LEAVING		REASON FOR LEAVING		REASON FOR LEAVING	

EMPLOYMENT: INFORMATION ON EMPLOYMENT HISTORIES MUST BE COMPLETE & ACCURATE. PLEASE LIST PHONE # OF THE PERSON TO VERIFY EMPLOYMENT.

CURRENT EMPLOYER	SPOUSE'S EMPLOYER
NAME OF COMPANY	NAME OF COMPANY
PHONE NUMBER ()	PHONE NUMBER ()
POSITION	POSITION
MONTHLY EARNINGS \$	MONTHLY EARNINGS \$
START DATE / /	START DATE / /



VEHICLE INFORMATION

AUTO 1:

LICENSE	STATE	MAKE	MODEL	YEAR	COLOR
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AUTO 2:

LICENSE	STATE	MAKE	MODEL	YEAR	COLOR
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PERSONAL INFORMATION:

HAVE YOU EVER USED ANOTHER SSN?

YES NO

HAVE YOU EVER FILED FOR BANKRUPTCY?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

IN WHAT STATE? _____

YES NO

HAVE YOU EVER BEEN EVICTED?

YES NO

EMERGENCY CONTACT:

NAME	PHONE	RELATIONSHIP
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I understand that I acquire no rights in an apartment until I sign an agreement and remit a deposit of \$_____ on the apartment I have selected. This deposit will be held in accordance with the Rental Agreement. In return for the Landlord's holding the apartment for me, I am remitting a NON-REFUNDABLE PROCESSING FEE of \$100 and hereby waive all rights to the return of this processing fee. The processing fee will be held as liquidated damages in the event that I do not choose to enter into the agreement applied for herein. In the event that this agreement is not accepted, the processing fee will be returned to the applicant. In compliance with the FAIR CREDIT REPORTING ACT, this is to inform you that a credit investigation involving the statements made on this application is being initiated. I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize NWIS to obtain credit reports, character reports, criminal reports and rental history as needed to verify all information put forth in this application. I/We also waive any legal rights towards NWIS and their reports and information.

APPLICANT 1

DATE

APPLICANT 2

DATE

MANAGER

DATE

NWIS Tenant Screening
(800) 676-1984

FAX
(800) 487-1255

