

## THIS EXAMPLE IS FOR DEMONSTRATION PURPOSES ONLY.

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	ADDRESS OF RENTAL PROPERTY	CITY	STATE	ZIP CODE	MOVE-IN DATE			
Please attach a copy of your Driver's License, State ID, Military ID, or Passport.								
AFFLICAN	PREFIX FIRST NAME LAST NAME		LICENSE/STATE ID	# DATE OF BIRT	H SOCIAL SECURITY #			
	PRIMARY PHONE # ALTERNATE PHONE # EMAIL ADDRESS   All persons who intend to reside with the applicant must be identified below.							
CINA								
OLLUPAINIS	OCCUPANT #1 NAME / RELATIONSHIP OCCUPANT #2 NAM	ME / RELATIONS	SHIP OC	CUPANT #3 NAME	/ RELATIONSHIP			
	OCCUPANT #4 NAME / RELATIONSHIP OCCUPANT #5 NAI	ME / RELATIONS	SHIP OC	CUPANT #6 NAME	/ RELATIONSHIP			
(								
UKY	CURRENT ADDRESS	START D	DATE END DATE	MONTHLY REI	NT			
KENIAL HISIOKI	OWNER/MANAGER NAME PHONE NUMBER	REASON	FOR LEAVING					
KEN	PREVIOUS ADDRESS	START D	ATE END DATE	MONTHLY REI	NT			
	OWNER/MANAGER NAME PHONE NUMBER	REASON	FOR LEAVING					
	CURRENT EMPLOYER	START D	PATE END DATE	MONTHLY SA	LARY			
	NAME OF SUPERVISOR PHONE NUMBER							
EMPLOY	PREVIOUS EMPLOYER	START D	DATE END DATE	MONTHLY SA	LARY			
	NAME OF SUPERVISOR PHONE NUMBER							
	BANK ACCOUNTS							
	BANK NAME/ACCOUNT TYPE ACCOUNT BALANCE BANK	NAME/ACCOU	NT TYPE ACC	OUNT BALANCE				
H	MAKE/MODEL PAYMENTS, IF ANY MAKE	MODEL	PA	MENTS, IF ANY				
LOANS, CREDIT CARDS, OTHER OBLIGATIONS								
	NAME AMOUNT OWED NAME	E	AI	MOUNTOWED				
C								

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**OTHER HISTORY** 

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES 🔿	NO (	С
YES 🔿	NO (	С
YES 🔿	NO (	С
YES 🔿	NO (	С
YES 🔿	NO (	С
YES 🔿	NO (	С

## IF THE ANSWER TO ANY OF THESE QUESTIONS IS "YES", PLEASE EXPLAIN IN DETAIL BELOW:

I understand this is an **application to rent only** and does not guarantee that a rental agreement will be offered to me. I warrant that all the information provided on this application is true and correct and understand that my tenancy may be terminated if I have made any false or incomplete statements. By signing below, I explicitly authorize the Owner or Manager or Agent to obtain a credit report, conduct a criminal background check, and verify any other information provided in this application.

DATE

The applicant has submitted **\$\_\_\_\_\_nonrefundable screening fee** which shall be used to cover the cost of obtaining credit reports, background checks, and other administrative expenses.

The undersigned acknowledges receipt of the screening fee as indicated above and has provided the applicant with a receipt for their records.

DATE

**AUTHORIZATION**