



FOR OFFICE USE ONLY	
Date: _____	Apt #: _____
Rent: _____	

RENTAL APPLICATION

Date of application: _____	Desired date of Occupancy: _____
Type and Size of Apartment wanted (# of bedrooms, etc.): _____	Do you have any pets? _____
How did you hear about us? _____	

PERSONAL INFORMATION

ALL RESIDENTS OVER 18 ARE REQUIRED TO FILL OUT AN APPLICATION

APPLICANT'S FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CONTACT DETAILS: Phone #: _____ eMail: _____

CO-APPLICANT(S): _____

<u>FULL NAMES OF ALL MINORS:</u>	<u>RELATIONSHIP TO YOU:</u>	<u>DATE OF BIRTH:</u>

RESIDENCE HISTORY

FULL STREET ADDRESS (city, state and zip - NO P.O. BOXES)

PRESENT ADDRESS: _____

DATES FROM: _____ TO _____

PRESENT LANDLORD OR MORTGAGE CO: _____ PHONE #: _____

RENT: \$ _____ REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____

DATES FROM: _____ TO _____

PREVIOUS LANDLORD OR MORTGAGE CO: _____ PHONE #: _____

RENT: \$ _____ REASON FOR MOVING: _____

EMPLOYMENT INFORMATION

PLEASE SUBMIT PROOF INCOME (most recent paystub, etc.)

PRESENT EMPLOYER: _____

DATES FROM: _____ TO _____ MONTHLY SALARY: _____

POSITION: _____ SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

DATES FROM: _____ TO _____ MONTHLY SALARY: _____

POSITION: _____ SUPERVISOR: _____

ADDITIONAL INCOME

If there are other sources of income you would like us to consider, please list source of income. (e.g. SSI, SSDI, SNAP, ATAP)
You DO NOT have to reveal alimony or child support income, unless you want us to consider it for this application.

PLEASE SUBMIT PROOF OF ADDITIONAL INCOME

AMOUNT: \$ _____ per _____ Source: _____
AMOUNT: \$ _____ per _____ Source: _____
AMOUNT: \$ _____ per _____ Source: _____
AMOUNT: \$ _____ per _____ Source: _____

DO YOU RECEIVE HOUSING ASSISTANCE? YES NO Source: _____

VEHICLE DETAILS

TOTAL NUMBER OF VEHICLES (including company vehicles): _____
COLOR: _____ MAKE / MODEL: _____ PLATE #: _____
COLOR: _____ MAKE / MODEL: _____ PLATE #: _____

OTHER INFORMATION

HAVE YOU EVER:

REGISTERED AS A SEX OFFENDER? YES NO
BEEN SUED FOR NON-PAYMENT / DAMAGE OF RENT? YES NO
BEEN EVICTED OR ASKED TO MOVE OUT? YES NO
BROKEN A RENTAL AGREEMENT OR LEASE? YES NO
BEEN TURNED IN TO COLLECTIONS FOR ANY REASON? YES NO
BEEN CONVICTED OF A FELONY? YES NO

COMMENTS: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____ RELATIONSHIP: _____
ADDRESS: _____

(Please do NOT list your co-applicant - list someone that will NOT be living with you)

I acknowledge that this is an electronic application.
Typing my name in the "Signature" field below constitutes my signature.

I hereby apply for an apartment and certify that the information given is correct.
I authorize Schwantes, Inc. to contact any references I have listed.
I authorize Schwantes, Inc. to obtain my consumer credit report from their credit reporting agency,
which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

PRINT NAME: _____