

# RENTAL APPLICATION

Applicant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years of School \_\_\_\_\_

FIRST MIDDLE OR MAIDEN LAST

Co-Applicant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years of School \_\_\_\_\_

FIRST MIDDLE OR MAIDEN LAST

Marital Status:(circle one) Married Single Divorced If Divorced-how long \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages \_\_\_\_\_

Applicant SS# \_\_\_\_\_ Drivers License # \_\_\_\_\_ Spouse SS# \_\_\_\_\_ Drivers License # \_\_\_\_\_

Applicant Phone # \_\_\_\_\_ Spouse or Other Phone # \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Circle One: Own Rent How Long \_\_\_\_\_ Landlord or Lender Name: \_\_\_\_\_ City \_\_\_\_\_ PH # \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Circle One: Own Rent How Long \_\_\_\_\_

Circle One: Own Rent How Long \_\_\_\_\_ Landlord or Lender Name: \_\_\_\_\_ City \_\_\_\_\_ PH # \_\_\_\_\_

Applicant Monthly Gross Pay \_\_\_\_\_ Spouse Monthly Gross Pay \_\_\_\_\_ Other Income(describe) \_\_\_\_\_ \$-month \_\_\_\_\_

Monthly House or Lease Payment Amount: \$ \_\_\_\_\_ Monthly Car Payment Amount(s): \$ \_\_\_\_\_ Monthly Visa Payment: \$ \_\_\_\_\_

Other Payments (List type and amounts) \_\_\_\_\_

Applicant Employer: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Position at Work \_\_\_\_\_ Number of Years With Present Employer \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Number of Years With Employer \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse Position at Work \_\_\_\_\_ Number of Years With Present Employer \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Number of Years With Employer \_\_\_\_\_

Name of Bank: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact Officer at Bank \_\_\_\_\_

Phone Number \_\_\_\_\_ Type of Accounts (circle all that apply) Checking Savings CD Loans

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Phone Number \_\_\_\_\_ Type of Accounts (circle all that apply) Checking Savings CD Loans

List Any Other Financial References:

Name: \_\_\_\_\_ City \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ City \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Will there be any indoor pets? \_\_\_\_\_ If so, please describe \_\_\_\_\_

I, \_\_\_\_\_ & \_\_\_\_\_ do hereby give my consent for Philip Crowell of 8979 Hwy 287 South, Corsicana, Texas 75109 to expedite any past history check of credit, civil, criminal, and any other information he deems necessary to validate me as responsible person.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send to address above or FAX to 903-874-6166.