



Rental Application for Residents and Occupants

*Each co-resident and each resident over 18 must submit a separate application.
Spouses may submit a joint application.*

Applicant Information

Full Name			
Date of birth:	Age:	SSN:	Phone:
E-mail:		Desired move-in date:	
Current address:		Current manager's name:	Phone:
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Marital Status:		Previous manager's name:	Phone:
Drivers License # and State:		Are you a U.S. Citizen? Y or N	Do you or any occupant smoke? Y or N

Employment Information

Current employer:			
Employer address:			How long/start date?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Supervisor's Name:	Phone:		

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Previous Employer:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Supervisor's Name:	Phone:	How Long?	

Co-applicant Information, if Married or Engaged

Full Name:		Former Last Names (maiden and married):	
Date of birth:	Age:	SSN:	Phone:
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Manager's name:		Phone:
	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Previous manager's name:		Phone:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Drivers License # and State:		Are you a U.S. Citizen? Y or N	Do you or any occupant smoke? Y or N

Co-applicant Employment Information

Current employer:			
Employer address:			
Phone:	E-mail:	Fax:	
City:			
Position:	Annual Income:		
Supervisor's Name:	Phone:		

Other Occupants

Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name:	Relationship:	Sex:
DL or govt. ID card # and State:	Birth Date:	Social Security #:
Name:	Relationship:	Sex:
DL or govt. ID card # and State:	Birth Date:	Social Security #:
Name:	Relationship:	Sex:
DL or govt. ID card # and State:	Birth Date:	Social Security #:

Your Vehicles: *List all vehicles owned and operated by you, your spouse or any occupants (including cars, trucks, motorcycles, trailers etc.)*

Make and Color of Vehicle:	Year:	License # and State:
Make and Color of Vehicle:	Year:	License # and State:
Make and Color of Vehicle:	Year:	License # and State:

References: Do not list family members or other persons already listed in the application.

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Why you rented here

Were you referred? Y or N	If yes, by whom:
Did you find us on your own? Y or N	___ On the internet ___ Stopped by ___ Other

Your Credit History

Your Bank's Name, City, State:

List all Major Credit Cards:

Other non-work income you want considered. Please explain:

Past Credit Problems you want to explain. (Use separate page.)

Your Rental/Criminal History

You must check if applicable. Have you, your spouse, or any occupant listed in this Application ever: ___ been evicted or asked to move out? ___ moved out of a dwelling before the end of the lease term without owner's consent? ___ declared bankruptcy? ___ been sued for rent? ___ been sued for property damage? ___ been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? ___ been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.

Emergency Contact

Name of a person over 18 not residing with you:		
Address:		
City:	State:	ZIP Code:
Relationship:	Home Phone:	Work Phone:

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [circle one or more] the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no one selected, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We are not legally obligated to do so.

Authorization

I or We authorize (*owner's name*) STONE BROOK APARTMENTS to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: