



RENTAL APPLICATION – Woodway Apartments

Every occupant over the age of 18 must complete a separate application (even if married).

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____		DRIVERS LICENSE # STATE
CELL PHONE	WORK PHONE	HOME PHONE	EMAIL
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT	Is your current rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT	Was your current rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING	AMOUNT OF RENT	Was your current rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	DATE OF BIRTH	AGE
NAME	RELATIONSHIP	DATE OF BIRTH	AGE
NAME	RELATIONSHIP	DATE OF BIRTH	AGE
NAME	RELATIONSHIP	DATE OF BIRTH	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	WEIGHT	AGE
NAME	TYPE/BREED	WEIGHT	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP
PREVIOUS EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

Member of





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EMERGENCY/PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	CELL PHONE	WORK PHONE	HOME PHONE
RELATION	ADDRESS	CITY	STATE/ZIP
EMERGENCY CONTACT	CELL PHONE	WORK PHONE	HOME PHONE
RELATION	ADDRESS	CITY	STATE/ZIP
PERSONAL REFERENCE	CELL PHONE	WORK PHONE	HOME PHONE
RELATION	ADDRESS	CITY	STATE/ZIP
PERSONAL REFERENCE	CELL PHONE	WORK PHONE	HOME PHONE
RELATION	ADDRESS	CITY	STATE/ZIP

APPLICANT QUESTIONNAIRE (to be completed by office staff)

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever broken a lease? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Desired Move In Date?	What Size Apartment?
Marketing Source?	Unit # Unit Rent

APPLICANT AUTHORIZATION

This application must be signed before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than 3 days, then the applicant withdraws the application, all monies shall be forfeited to Landlord. A non-refundable screening fee of \$_____ will be collected to process this application.

Application Fee \$_____ Deposit \$_____ Total Amount Paid \$_____

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.

Applicant's Signature	Date
Agent's Signature	Date

Member of

