RENTAL APPLICATION

Tenant: (full name)			_ dob	SS#	
Home Phone	W	Vork Phone/Cell/Pager			
Current Address		City		State	Zip
Years at current address	Rent/Month \$	Own - \$/Mont	h \$		
Previous Address		City		State	Zip
Email		Marital Status	Ages	s of dependent	s
Occupation (position & type	of business)				
Employer		Phone	Date start		arted
Address		City		State	Zip
Previous Employer		Phone		Dates	
Address		City		State	Zip
Previous Employer		Phone		Dates	
Address		City		State	Zip
Monthly Income	Annual	Income			
Tenant: (full name)			_dob	SS#	
Home Phone	W	Vork Phone/Cell/Pager			
Current Address		City		State	Zip
Years at current address	Rent/Month \$	Own - \$/Mont	h \$		
Previous Address		City		State	Zip
Email		Marital Status	Ages	s of dependent	s
Occupation (position & type	of business)				
Employer		Phone	Date started		arted
Address		City		State	Zip
Previous Employer		Phone		Dates	
Address		City		State	Zip
Previous Employer		Phone		Dates	
Address		City		State	Zip
Monthly Income	Annual	Income			

^{*} If monthly rent payment exceeds 30% of monthly income, please complete the Co-Signer Application

References: (current and/or prev	ious landlord, resident assis	tant, or neighbor):					
Name(s)		Phones					
Address		City	State	Zip			
Name(s)		Phone	es				
Address		City		Zip			
Name(s)		Phones					
Address		CityState_					
List any additional people plan	ning to live at this proper	ty					
Name	dob	Name		dob			
Name	dob	Name		dob			
How long would you expect to st	ay in this house?						
What is your preferred move in d	ate?						
Special Needs or comments?							
Attention: Please be advised that and garden care, leaf raking, snow heating and cooling the house, in a minimum 1 year time period. \$2.	w removal, and general clear	nliness of the proper	rty. Also, please co	onsider the costs of nant must sign lease for			
Please submit the following wit							
\$20 application fee per rent-		•					
Verification of income (cop	y of last income tax return,	current pay stub, rec	ent bank statement	, letter from employer			
Return to: martyjmcfadden@g	mail.com, call or text to 44	3-562-6115					
Applicant hereby authorizes th	e landlord to obtain verifi	cation information	from any of the so	ources provided.			
Tenant's Names							
Signatures				Date			

CO-SIGNER APPLICATION

* If monthly rent payment exceeds 30% of monthly income, complete the following Co-Signer Application

Co-Signer Name	F	BD	SS#	
Home PhoneWo	ork Phone/Cell/Pager			
Address	City		State	_Zip
Years at current address Rent/Month \$	Own - \$/Mont	h \$		
Previous Address	City		State	_Zip
Email	Marital Status	Ages	of dependents_	
Occupation (position & type of business)				
Employer	Phone		Date started	[
Address	City		State	_Zip
Previous Employer	Phone		Dates	
Address	City		State	Zip
Monthly Income Annual Income				
Co-signer hereby authorizes the landlord to obtain	verification informati	ion from a	ny of the sour	ces provided.
Tenant's Names				
Signatures				Date