

**CURRENT EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ HIRE DATE: \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ SALARY \_\_\_\_\_ YEAR/MONTH/WEEK/HOUR \_\_\_\_\_  
 FULL-TIME? YES OR NO IF PART-TIME, HOW MANY HOURS PER WEEK? \_\_\_\_\_  
**OTHER CURRENT EMPLOYMENT OR SOURCE OF INCOME** \_\_\_\_\_  
 SOURCE \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_  
 REASON (SSI ETC.) \_\_\_\_\_ IF EMPLOYMENT HIRE DATE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_ YEAR/MONTH/WEEK/HOUR \_\_\_\_\_  
 FULL-TIME? YES OR NO IF PART TIME, HOW MANY HOURS PER WEEK? \_\_\_\_\_

NUMBER TO OCCUPY \_\_\_\_\_  
 LIST BELOW THE NAMES AND RELATIONSHIPS OF ALL PERSONS TO OCCUPY PREMISES:

NAME	RELATIONSHIP	NAME	RELATIONSHIP

PETS? YES OR NO IF YES, NUMBER \_\_\_\_\_  
 GIVE DETAILS OF PET TYPE AND SIZE \_\_\_\_\_

DO YOU HAVE AN ACCOUNT WITH A UTILITY COMPANY? YES OR NO IF YES, IS IT CURRENT? YES OR NO  
 HAVE YOU EVER BEEN LATE PAYING THE BILL? YES OR NO  
 IS THE TOTAL MOVE-IN AMOUNT AVAILABLE NOW (THE FIRST MONTH'S RENT AND DEPOSIT)? YES OR NO  
 HAVE YOU EVER BROKEN A LEASE? YES OR NO  
 HAVE YOU EVER BEEN EVICTED? YES OR NO IF YES, WHEN? \_\_\_\_\_  
 WHY WERE YOU EVICTED? \_\_\_\_\_  
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO

*OWNER IS NOT LIABLE TO THE APPLICANT, HIS HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS FOR ANY DAMAGE OF ANY KIND, ACTUAL OR CONSEQUENTIAL BY REASON OF THE VERIFICATION BY THE OWNER OF THE INFORMATION PROVIDED BY THE APPLICANT AND, APPLICANT HEREBY RELEASES THE OWNER, HIS AGENT, EMPLOYEES AND/OR REPRESENTATIVES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION OF ANY KIND OR NATURE THAT MAY ARISE BY VIRTUE OF THE EXECUTION OR IMPLEMENTATION OF THE AGREEMENT PROVIDED HEREIN.*

*IN WITNESS WHEREOF THE PARTIES HERETO HAVE SET THEIR HAND ON THE DATE FIRST WRITTEN BELOW.*

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE  
 THIS SECTION TO BE COMPLETED BY INTERVIEWER**

Credit Report: (Favorable/Unfavorable) By: \_\_\_\_\_  
 Other Comments: \_\_\_\_\_

Deposit: \_\_\_\_\_ Option \_\_\_\_\_ Monthly Rent \_\_\_\_\_  
 Unit Applying For: \_\_\_\_\_  
 Term of Lease \_\_\_\_\_ Months. Total Lease \_\_\_\_\_  
 Move-in Date \_\_\_\_\_ Lease Expires \_\_\_\_\_ Number of Keys \_\_\_\_\_  
 Total Number of Occupants \_\_\_\_\_  
 Separate Pet Deposit (If Any) \_\_\_\_\_  
 Utilities To Be Paid By Tenants: Gas  Electric  Water   
 Trash Pick Up (If Applicable) \_\_\_\_\_

