

RENTAL APPLICATION AND SECURITY DEPOSIT RECEIPT

Apartment # : _____ Phone #: _____ Email: _____

Applicant's Information:

Name: _____ Date of birth: _____

Social Security: _____ DL or Government ID Card and State: _____

Will you have pets? Yes No If yes, specify kind, weight, breed, age: _____

Do you or any occupant smoke? Yes No

Present Address: _____

Monthly rent amount: \$ _____ How long at this address: _____ Manager's Name: _____ Phone: _____

Previous Address: _____

Monthly rent amount \$ _____ How long at this address: _____ Manager's Name: _____ Phone: _____

Applicant's Employment Information:

Present employer: _____ Monthly salary: \$ _____

Address: _____ How long: _____ Phone: _____

Other income or assets you want us to consider (please detail): _____

Spouse's Information:

Spouse's Name: _____ Date of birth: _____

Social Security: _____ DL or Government ID Card and State: _____

Spouse's address: _____

Monthly rent amount: \$ _____ How long at this address: _____ Manager's Name: _____ Phone: _____

Previous Address: _____

Monthly rent amount \$ _____ How long at this address: _____ Manager's Name: _____ Phone: _____

Spouse's Employment Information:

Present employer: _____ Monthly salary: \$ _____

Address: _____ How long: _____ Phone: _____

Roommate's Information:

Spouse's Name: _____ Date of birth: _____

Social Security: _____ DL or Government ID Card and State: _____

Spouse's address: _____

Monthly rent amount: \$ _____ How long at this address: _____ Manager's Name: _____ Phone: _____

Previous Address: _____

Monthly rent amount \$ _____ How long at this address: _____ Manager's Name: _____ Phone: _____

Roommate's Employment Information:

Present employer: _____ Monthly salary: \$ _____

Address: _____ How long: _____ Phone: _____

Other Occupant(s) Information: *Names of all persons under 18 and other adults who will occupy the unit without signing the lease.*

Name: _____ Date of birth: _____

Social Security: _____ DL or Government ID Card and State: _____

Name: _____ Date of birth: _____

Social Security: _____ DL or Government ID Card and State: _____

Financial information:

Bank/Branch: _____

Monthly payments:

Name: _____ Balance: \$ _____ Monthly payment: \$ _____

Name: _____ Balance: \$ _____ Monthly payment: \$ _____

Car payment to: _____ Balance: \$ _____ Monthly payment: \$ _____

Rental/criminal/credit history: Have you, your spouse/roommate or any other occupant listed in this application ever:

- Been evicted or asked to move out? Been detained, charged or arrested for a felony? Been sued for rent?
- Declared bankruptcy? Moved out before the end of a lease term without the owner's consent?
- Had a judgment against you that has not been paid? Had problems with credit?

Please explain each checked item: _____

Vehicles:

Make: _____ Model: _____ Year: _____ Color: _____ License: _____

Make: _____ Model: _____ Year: _____ Color: _____ License: _____

In case of emergency notify: _____ Relationship: _____

Address: _____ Phone: _____

Were you referred to us by a third party? If so, please check the appropriate boxes and fill in the information requested below.

- I was referred by a current resident of. Name: _____ Apartment Number: _____
- I was referred by a real estate agent or locator service. Company Name: _____ Agent's Name: _____
- I was referred by an organization. Organization Name: _____

AUTHORIZATION OF APPLICATION

I declare that all statements made in this Application are true and complete and authorize Lighthouse Property Management to obtain any information needed to verify the same through any means, including contacting credit reporting agencies, employers and other rental housing owners. I understand that if I give false or incomplete information this application may be rejected and I may be subject to prosecution for applicable criminal offenses. I further understand that if I do not comply with the terms of the lease, or fail to pay the rent, information obtained through this application may be turned over to a credit reporting agency. Only those individuals listed on this application are allowed to occupy the premises.

	Date		Date
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Lighthouse Property Management acknowledges receipt of a security deposit in the amount of \$_____, and rent in the amount of \$_____. Acceptance of the security deposit and rent is contingent upon verification of the statements made above.

Agent for Lighthouse Property Management Date

VERIFICATION OF APPLICATION (For office use only)

Date	Information Verified	Person Contacted	Remarks
	<input type="checkbox"/> Present Address		
	<input type="checkbox"/> Previous Address		
	<input type="checkbox"/> Applicant's Employment		
	<input type="checkbox"/> Spouse/Roommate's Employment		
	<input type="checkbox"/> Bank/Accounts		
	<input type="checkbox"/> Loan Information		
	<input type="checkbox"/> Credit Bureau		
	<input type="checkbox"/> Personal References		
	<input type="checkbox"/> Driver's License		
	<input type="checkbox"/> Other		

Person completing verification: _____

Applicant: Approved Not Approved

Remarks:
