

**RENTAL APPLICATION**  
**MTY Property Management**

Please print neatly

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ Jr/Sr \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE/ID # \_\_\_\_\_ STATE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

MARITAL STATUS: SGL \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ EMAIL: \_\_\_\_\_

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CURRENT HOME ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR PHONE \_\_\_\_\_ CURRENT MONTHLY RENT/PAYMENT \_\_\_\_\_ DATE MOVED IN \_\_\_\_\_

APT NAME \_\_\_\_\_ MANAGER/OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

WHY ARE YOU LEAVING CURRENT RESIDENCE \_\_\_\_\_

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PREVIOUS HOME ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

APT NAME \_\_\_\_\_ MANAGER/OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MOVE IN DATE \_\_\_\_\_ MOVE OUT DATE \_\_\_\_\_ RENT/PAYMENT AMT \_\_\_\_\_

\_\_\_\_\_ HAVE YOU OR YOUR SPOUSE OWNED A HOME? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

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YOUR PRESENT EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ POSITION \_\_\_\_\_

YOUR GROSS MONTHLY INCOME \_\_\_\_\_ DATE YOU BEGAN THIS JOB \_\_\_\_\_

CURRENT SUPERVISOR'S NAME AND PHONE \_\_\_\_\_

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YOUR PREVIOUS EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ POSITION \_\_\_\_\_

GROSS MONTHLY INCOME \_\_\_\_\_ DATES YOU BEGAN & ENDED THIS JOB \_\_\_\_\_

PREVIOUS SUPERVISOR'S NAME AND PHONE \_\_\_\_\_

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SPOUSE'S FULL NAME \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY NBR \_\_\_\_\_

SPOUSE'S DRIVER'S LICENSE/ID # AND STATE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FORMER LAST NAMES (MARRIED OR MAIDEN) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ ARE YOU A U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

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SPOUSE'S PRESENT EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ SPOUSE'S WORK PHONE ( ) \_\_\_\_\_

POSITION \_\_\_\_\_ DATE JOB BEGAN \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_

SPOUSE'S SUPERVISOR'S NAME AND PHONE \_\_\_\_\_

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OTHER OCCUPANTS: NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DL OR ID CARD NBR \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

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# RENTAL APPLICATION

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LIST ALL VEHICLES TO BE PARKED ON THE PROPERTY BY YOU, SPOUSE OR OTHER OCCUPANTS:

MAKE AND COLOR OF VEHICLE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
MAKE AND COLOR OF VEHICLE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

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WILL YOU OR ANY OCCUPANT HAVE AN ANIMAL? \_\_\_\_ YES \_\_\_\_ NO—KIND/WEIGHT/BREED/AGE \_\_\_\_\_  
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Check only if applicable HAVE YOU, YOUR SPOUSE OR ANY OCCUPANT EVER: \_\_\_\_\_ BEEN EVICTED OR ASKED TO MOVE OUT?

\_\_\_\_\_ BROKEN A RENTAL AGREEMENT? \_\_\_\_\_ DECLARED BANKRUPTCY? \_\_\_\_\_ BEEN SUED FOR RENT OR 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 THE

YEAR, LOCATION AND TYPE OF EACH FELONY AND/OR SEX CRIME. IF NONE OF THE ABOVE IS CHECKED, YOU ARE DECLARING THE

ANSWER TO BE "NO" TO ALL

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YOUR BANK NAME AND LOCATION \_\_\_\_\_

LIST MAJOR CREDIT CARDS \_\_\_\_\_

ANY OTHER INCOME YOU WANT CONSIDERED AS QUALIFICATION \_\_\_\_\_  
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EMERGENCY CONTACT (SOMEONE OVER 18 NOT LIVING WITH YOU): NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ IS THIS PERSON AUTHORIZED TO ENTER THE RENTAL PROPERTY IN THE

EVENT OF THE DEATH OR ILLNESS OF YOU, YOUR SPOUSE OR YOUR CHILD, IF YOU ARE MISSING OR IN A CORRECTIONAL FACILITY

TO REMOVE THE CONTENTS, MAILBOX CONTENTS, GARAGE, STORAGE AREA OR COMMON AREA OR YARD? \_\_\_\_ YES \_\_\_\_ NO

IF YOU ARE SERIOUSLY ILL OR INJURED, YOU AUTHORIZE US TO CALL EMS OR SEND FOR AN AMBULANCE AT YOUR EXPENSE

ALTHOUGH WE ARE NOT OBLIGATED TO DO SO.  
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AUTHORIZATION: I OR WE AUTHORIZE (OWNER'S NAME) \_\_\_\_\_ TO VERIFY BY ALL AVAILABLE

MEANS THE ABOVE INFORMATION, INCLUDING REPORTS FROM CONSUMER REPORTING AGENCIES BEFORE, DURING AND AFTER

OCCUPANCY ON MATTERS RELATING TO MY LEASE AND INCOME HISTORY AND OTHER INFORMATION REPORTED BY MY EMPLOYER

TO ANY STATE EMPLOYMENT SECURITY AGENCY. THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE OWNER OR

OWNER'S AGENT TO EXECUTE A LEASE.

APPLICANT'S SIGNATURE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_  
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RENTAL APPLICATION

(To be completed by Owner)

NON-REFUNDABLE APPLICATION FEE \$\_\_\_\_\_ TOTAL SECURITY DEPOSIT \$\_\_\_\_\_ RENT AMT \$\_\_\_\_\_

ADDRESS OF PROPERTY FOR WHICH APPLICANT HAS APPLIED: \_\_\_\_\_

OWNER/OWNER'S REPRESENTATIVE \_\_\_\_\_