

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 _____

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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 _____