

<b>RENTAL APPLICATION</b>	Each adult (18 or older) must fill out a separate application There is a <u>non-refundable</u> fee of \$23/adult to apply
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<b>First Middle Last</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>Driver's License #</b>
<b>Any Other Names You've Used In The Past</b>		<b>Home Phone</b>	<b>Cell Phone</b>
<b>All Other Proposed Occupants</b>		<b>Birth Date</b>	<b>Relationship To Applicant</b>

**RENTAL/RESIDENCE HISTORY**

	Current Residence	Previous Residence	Prior Residence
<b>Street Address</b>			
<b>City</b>			
<b>State &amp; Zip</b>			
<b>Last Rent Amount Paid</b>			
<b>Owner/Manager and Phone Number</b>			
<b>Reason for leaving</b>			
<b>Is/Was rent paid in full?</b>			
<b>Did you give notice?</b>			
<b>Were you asked to move?</b>			
<b>Name(s) in which your utilities are now billed:</b>			
	<b>From/To</b>	<b>From/To</b>	<b>From/To</b>
<b>Dates of Residency</b>			

**EMPLOYMENT HISTORY**

	Current Employment	Previous Employment	Prior Employment
<b>Employed By</b>			
<b>Address</b>			
<b>Employer's Phone</b>			
<b>Occupation</b>			
<b>Name of Supervisor</b>			
<b>Monthly Gross Pay</b>			
	<b>From/To</b>	<b>From/To</b>	<b>From/To</b>
<b>Dates of Employment</b>			

**CREDIT HISTORY**

	Bank/Institution Name	Balance On Deposit or Balance Owed
<b>Savings Account</b>		
<b>Checking Account</b>		
<b>Credit Card</b>		
<b>Auto Loan</b>		

**VEHICLES (Include vehicles belonging to other proposed occupants also)**

Make	Model	Color	Year	License Plate

**REFERENCES & EMERGENCY CONTACTS**

	Doctor	Lawyer	Nearest Relative Living Elsewhere
<b>Name</b>			
<b>Street Address</b>			
<b>City</b>			
<b>State &amp; Zip</b>			
<b>Phone Number</b>			



GENERAL INFORMATION

Have you ever been served a late rent notice?	Do any of the people who would be living in the apartment smoke?	How long do you think you would be renting from us?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a felony?
Have you ever been served an eviction notice? If so, when?	How many pets do you have (list Type, Breed, approx Weight & Age)?	
Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain:		
Why are you moving from your current address?		
List any verifiable sources and amounts of income you wish to have considered (optional):		
If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address, & phone # so that we can use them as a reference for you.		
Have you been a party to a lawsuit in the past? If yes, please explain why:		
We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?		
How did you hear about this rental?	Do you have an e-mail address we can reach you at?	
Any other information?		

**Agreement & Authorization Signature**

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for residence and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **non-refundable** fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the residence. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization Signature**

I, \_\_\_\_\_, hereby authorize Pacific Realty Ventures to charge my credit card account in the amount of \$23.00.  
Type of Card: VISA or MASTERCARD  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ CVC Code (last three digits on the number on the back of the card) \_\_\_\_\_  
**Credit Card Billing Address**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Pacific Realty Ventures.**

