

# STANDARD RENTAL APPLICATION

Name: \_\_\_\_\_  
First Middle Last  
Phone: ( ) \_\_\_\_\_ home  
Phone: ( ) \_\_\_\_\_ work  
Phone: ( ) \_\_\_\_\_ cell  
Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Apartment name and number Address City State Zip

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Other names: \_\_\_\_\_ Birth Date: / / \_\_\_\_\_ Marital Status: S M D W  
List all other names used by you including maiden name mo. day year

Employer/Source of Income: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ \$ \_\_\_\_\_ / wkly or mo  
Number and Street City State Zip (Please circle)

Emergency Contact (not living with you): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number and Street City State Zip

Bank/Financial References: \_\_\_\_\_ Account Type: \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number and Street City State Zip

Are you required to register as a Registered Sex Offender?  NO  YES

Have you filed a bankruptcy within the last two years?  NO  YES

Have eviction proceedings ever been filed against you?  NO  YES

List Names of all other people who will be living with you, **check** if person will be signing Rental Agreement:

\_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_

List any pets; \_\_\_\_\_

List any vehicles & plate numbers that you wish to park at property:

\_\_\_\_\_

References (personal or professional) not related to you:

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize Care-Free Property Management to obtain information on my rental / credit / criminal / employment / source of income history by contacting any references necessary to evaluate renting risks. I hereby release all references to give Care-Free Property Management all requested information.*

Applicant's Signature: \_\_\_\_\_ Today's Date: / / \_\_\_\_\_  
mo. day year

Applicant's Signature: \_\_\_\_\_ Today's Date: / / \_\_\_\_\_  
mo. day year

Landlord / Property Manager's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**ABOUT YOUR CARE-FREE PROPERTY MANAGEMENT APPLICATION**

The sole purpose of the Care-Free Property Management application process is to determine renting risks. The required information is often times used as a cross-reference to insure that we are identifying the correct person. The Care-free Property Management application is not used by this landlord / property manager for any other purpose. Please complete the entire application and do the following:

1. Write clearly so we can read your information. Be sure to sign both sides of the application.
2. Fill out all information requested on the application. This is especially important when we are contacting a landlord or family reference.
3. Be accurate and truthful because if you falsify any information, this may be used against you and may result in you application being rejected.
4. Do not modify or alter the application form, because the Care-Free Property Management application is a standard form that is utilized to give all applicants equal opportunity to rent.
5. If Care-Free Property Management contacts you, please immediately call back so that your application can be completed as soon as possible.

Please provide 24 months of living / rental history starting with the most current.

Current: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Landlord or Owners name or Mortgage

Landlord or Owners Address \_\_\_\_\_  
City State Zip

Previous Address: \_\_\_\_\_  
Address City State Zip

Dates lived here: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rental Owned  
Relative Friend

Previous Address: \_\_\_\_\_  
Address City State Zip

Dates lived here: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rental Owned  
Relative Friend

Previous Address: \_\_\_\_\_  
Address City State Zip

Dates lived here: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rental Owned  
Relative Friend

Previous Address: \_\_\_\_\_  
Address City State Zip

Dates lived here: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rental Owned  
Relative Friend

Applicant's Full Name  
Printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Full Name  
Printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TENANT EMPLOYMENT VERIFICATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

RE: \_\_\_\_\_ (applicant name)

The above mentioned name is a prospective tenant at our rental property and has listed your company as a current employer on his/her rental application.

In order for us to verify the application, we ask that you provide the information requested below. We would appreciate your faxing this completed form back to us at the number listed below. Information provided will remain confidential and will be used solely for purposes of determining eligibility for occupancy.

Applicant Signature \_\_\_\_\_

### TO BE COMPLETED BY EMPLOYER:

Applicant job title: \_\_\_\_\_

Start date of employment: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ permanent \_\_\_\_\_ temporary

WAGES: \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ bi-weekly \$ \_\_\_\_\_ monthly

\$ \_\_\_\_\_ hourly \$ \_\_\_\_\_ annually (average per week)

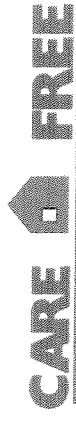
Information provided by:

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

Office: 734-284-1786

Fax: 734-284-4122

Email: care.freemanagement@yahoo.com



## AUTHORIZATION FOR CREDIT CHECK BACKGROUND AND REFERENCE CHECK

I, \_\_\_\_\_ authorize and permit Care-Free Property Management to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to Care-Free Property Management.

Application Signature: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

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