

RENTAL APPLICATION

COMMUNITY	APP FEE \$	MONTHLY RENT \$	APPLICATION TAKEN BY
APT. NUMBER	APT. TYPE	CONCESSION (IF ANY)	LENGTH OF LEASE TERM
NAME OF APPLICANT			DATE OF BIRTH
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		STATE
HOME PHONE	MOBILE PHONE/PAGER	WORK PHONE	
PRESENT RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PRESENT LANDLORD NAME/I	LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE	
REFERRED TO US BY	PETS OWNED TYPE _____ LBS _____	TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT	DATE APT. NEEDED

DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? ____ YES ____ NO
 IF YES, EXPLAIN _____

SPOUSE INFORMATION

SPOUSE NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
STATE	

PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT

NAME	RELATIONSHIP

EMPLOYMENT INFORMATION

APPLICANT		SPOUSE	
EMPLOYER	POSITION	EMPLOYER	POSITION
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
MONTHLY INCOME \$	PERIOD OF EMPLOYMENT	MONTHLY INCOME \$	PERIOD OF EMPLOYMENT
OTHER SOURCES OF INCOME	CURRENT ANNUAL INCOME	OTHER SOURCES OF INCOME	CURRENT ANNUAL INCOME
PREVIOUS EMPLOYER	POSITION	PREVIOUS EMPLOYER	POSITION
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
PERIOD OF EMPLOYMENT	SUPERVISOR	PERIOD OF EMPLOYMENT	SUPERVISOR

FINANCIAL INFORMATION

BANK REFERENCE	SAVINGS ACCOUNT(S)	ACCOUNT NUMBER
	CHECKING ACCOUNT(S)	ACCOUNT NUMBER
AUTO LOANS	FINANCED WITH	ACCOUNT NUMBER
	FINANCED WITH	ACCOUNT NUMBER
CHARGE ACCOUNTS	NAME	ACCOUNT NUMBER
	NAME	ACCOUNT NUMBER
AUTOS OWNED	MAKE & YEAR	LICENSE NUMBER
	MAKE & YEAR	LICENSE NUMBER

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT (1)	RELATIONSHIP	COMPLETE ADDRESS	PHONE NUMBER
EMERGENCY CONTACT (2)	RELATIONSHIP	COMPLETE ADDRESS	PHONE NUMBER

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$_____ (the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done and may include, but is not limited to, a consumer credit report, verification of employment with salary, rental history, criminal history and I therefore consent to this investigation

APPLICANTS SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE
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