|  |                        | RENTAL APPLICATION                                  |
|--|------------------------|---|
| NAME:  |                        | PHONE:  |
| EMAIL:   |                        |   |
| DRIVERS LICENSE NUMBER:  |                        |   |
| CURRENT ADDRESS:   |                        |   |
|  |                        |   |
| CITY/STATE/ZIP:  |                        |   |
| HOW LONG AT THIS ADDRES  | 2 <b>C</b> ·           | RENT PAID:  |
| HOW LONG AT THIS ADDRES  | )S.                    | RENT I AID.   |
| LANDLORD NAME, ADDRESS   | S AND PHONE:           |   |
|  |                        |   |
| VEHICLE MAKE/YEAR/MODE   | EL/COLOR/LICENSE:      |   |
| DDELHOUG ADDDEGG   |                        |   |
| PREVIOUS ADDRESS:  |                        |   |
| CITY/STATE/ZIP:  |                        |   |
| 011 1/011112/211 :   |                        |   |
| HOW LONG AT PREVIOUS AI  | DDRESS:                | RENT PAID:  |
| **EMPLOYMENT   |                        |   |
| CURRENT EMPLOYER:  |                        |   |
|  |                        |   |
| CURRENT EMPLOYER ADDR  | ESS:                   |   |
| SUPERVISOR NAME:   |                        | PHONE:  |
| MONTHLY INCOME:  |                        | HOW LONG AT JOB:                                    |
|  |                        |   |
| PREVIOUS EMPLOYER:   |                        |   |
|  | AFGG                   |   |
| PREVIOUS EMPLOYER ADDR   | ESS:                   | PHONE   |
| SUPERVISOR NAME:   |                        | PHONE:  |
| MONTHLY INCOME:  |                        | HOW LONG AT JOB:                                    |
| **PERSONAL REFERENCI   | F.S                    |   |
| NAME:  | RELATIONSHIP:          | PHONE:  |
| IVAIVIE.   | RELATIONSIIII.         | THONE.  |
| ADDRESS:   |                        |   |
| LENGTH OF ACQUAINTANCE   | <b>Ξ</b> :             |   |
|  |                        |   |
| NAME:  | RELATIONSHIP:          | PHONE:  |
|  |                        |   |
| ADDRESS:   |                        |   |
| LENGTH OF ACQUAINTANCE   |                        |   |
| **EMERGENCY CONTACT  | <u>r</u>               |   |
| NAME:  |                        | PHONE:  |
| RELATIONSHIP:  |                        |   |
| HAVE VOITEVED BILED A DETITION OF RAI                                      | NKDIIDTOV HAVE VOITEVE | ER BEEN EVICTED FROM ANY RESIDENCYHAVE YOU EVER HAL |
| AN EVICITON NOTICE SERVED ON YOU   | HAVE YOU EVER WILFULLY | REFUSED TO PAY RENT WHEN DUEHAVE YOU EVER BEEN      |
| CONVICTED OF A FELONY FOR THE ILLEG. IF YES TO ANY PLEASE INDICATE WHICH A |                        | BUTRIUON OF A CONTROLLED SUBSTANCE                  |
| H LED TO AIM LILEAGE INDICATE WHICH A                                      | TIP DUIT OF OCCURANCE  |   |

I DELCLARE THAT THE FOREGOING IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CREDIT REPORT. I AGREE THAT THE OWNER MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANYT MISSTATEMENT MADE ABOVE.