

# Room Rental Application

**-- Please Print -- Incomplete application will not be considered --**

Name:		Social Security #		-	-
Date of Birth:	Cell Phone:	Work Phone:			
Email:					
Current address:					
City:	State:	ZIP Code:			
Vehicle Make:	Model and Year:	Color:			
License Plate Number:					
Driver's License Number/State:					

## Employment Information

Current employer:					
Employer address:				How long?	
Phone:	E-mail:		Fax:		
City:	State:	ZIP Code:			
Position:	Supervisor:	Supervisor Phone:			
Hourly Salary (please circle)	Monthly Income:				

## Emergency Contact

Name:					
Address:					
City:	State:	ZIP Code:	Phone:		
Relationship:					

## Miscellaneous:

Have you ever: Filed bankruptcy?	Been sued?	Been evicted?
Been convicted of a crime?		
Explain any "yes" listed above:		
Do You Smoke?	Desired length of stay?	

## References: List 1-personal and 1-professional

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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### THIS SECTION TO BE COMPLETED BY LANDLORD

Address of Property to Be Rented: \_\_\_\_\_

Rental Term: \_\_\_ weekly \_\_\_ months from \_\_\_\_\_ to \_\_\_\_\_

#### Amounts Due Prior to Occupancy

First weeks / month rent .....\$ \_\_\_\_\_

Security deposit .....\$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_