

RENTAL APPLICATION for: Briarstone Place, Long Neck, DE 19966

Applicant Information				Name:				
Date of Birth:		Social Security #:		Drivers License #:				
Phone:			Email:					
Current Address:								
Current Landlord's Name:				Landlord's Phone:				
Monthly Rent or Payment:				How long at this address?:				
Previous Address:								
Previous Landlord's Name:				Landlord's Phone:				
Monthly Rent or Payment:				How long at this address?:				
Applicant Employment Information			Current Employer:					
Employer Address:								
Phone:			Email:					
Position:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	Monthly Income:		How long at this job?:		
Co-Applicant Information				Name:				
Date of Birth:		Social Security #:		Drivers License #:				
Phone:			Email:					
Current Address:								
Current Landlord's Name:				Landlord's Phone:				
Monthly Rent or Payment:				How long at this address?:				
Previous Address:								
Previous Landlord's Name:				Landlord's Phone:				
Monthly Rent or Payment:				How long at this address?:				
Co-Applicant Employment Information			Current Employer:					
Employer Address:								
Phone:			Email:					
Position:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	Monthly Income:		How long at this job?:		
Personal References								
Name:		Yrs. Known	Relationship:		Phone:			
Name:		Yrs. Known	Relationship:		Phone:			
Name:		Yrs. Known	Relationship:		Phone:			
Other Occupants								
Name:			Relationship:		Age:			
Name:			Relationship:		Age:			
Name:			Relationship:		Age:			
Emergency Contact		Name:		Relationship:		Phone:		
Screening Questions				APPLICANT:		CO-APPLICANT:		<i>If "Yes," please explain:</i>
Have you ever been evicted or a defendant in an eviction action?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed, or are you in the process of filing, bankruptcy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you owe any other landlords a balance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked to move for a lease violation of any kind?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p style="font-size: small;">I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision. I understand that the landlord may terminate any rental agreement entered into for any misrepresentation made above.</p>								
Signature of Applicant:				Printed Name:		Date:		
Signature of Co-Applicant:				Printed Name:		Date:		