



REALTOR® ASSOCIATION OF THE FOX VALLEY RENTAL APPLICATION



Occupancy Date Desired: _____ Preferred Length of Lease: _____

APPLICANT #1

First	Middle	Last	Birth Date	Social Security #	Driver License #
				- -	
Cell Phone		Alternate Phone		E-Mail Address	
Current Street Address			City	State	Zip
Do you currently own, rent, or occupy this residence?			Monthly Payment	Dates at Current Residence	

APPLICANT #2

First	Middle	Last	Birth Date	Social Security #	Driver License #
				- -	
Cell Phone		Alternate Phone		E-Mail Address	
Current Street Address			City	State	Zip
Do you currently own, rent, or occupy this residence?			Monthly Payment	Dates at Current Residence	

ADDITIONAL OCCUPANTS

Full Name	Birth Date	Relationship to Applicant

PETS TO OCCUPY RESIDENCE *(please list additional pets on back of application)*

Type of Pet	Breed	Weight

INCOME HISTORY

APPLICANT #1			
Employer:		Supervisor Phone:	
Supervisor Contact:		Salary/Hourly Wage:	
Length of Employment:		List Additional Income:	
Employer Address:			
APPLICANT #2			
Employer:		Supervisor Phone:	
Supervisor Contact:		Salary/Hourly Wage:	
Length of Employment:		List Additional Income:	
Employer Address:			



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REFERENCES

Table with 4 columns: APPLICANT #1, APPLICANT #2, and rows for Current Landlord, Previous Landlord, Personal Reference, and Professional Reference, each with sub-rows for Phone, Address, and Length of Time Known.

CO-SIGNER INFORMATION (OPTIONAL)

Table with 4 columns: Name, Address, Social Security #, Date of Birth, Relationship to Applicant, Phone, Driver's License #, E-Mail Address.

EMERGENCY CONTACT INFORMATION FOR APPLICANT(S)

Table with 3 columns: Name, Address, Phone.

Are you able to handle minor maintenance/upkeep in the property? Yes ___ No ___
Do you have renter's insurance? Yes ___ No ___
Do you have water filled furniture? Yes ___ No ___
Have you ever filed for bankruptcy? Yes ___ No ___
Have you ever been convicted of a felony? Yes ___ No ___
Have you been evicted or are you now undergoing an eviction? Yes ___ No ___
Do you smoke? Yes ___ No ___
***If you marked "Yes" for any of these questions, please explain on the backside of this document.

DOCUMENT(S) ATTACHED TO APPLICATION (place a checkmark in the box if attached)

Table with 6 columns: Paystubs (2 most recent), Driver's License, Credit Report, Criminal Background, Sex Offender Registry.

A fee of \$ _____ is charged to all rental applicants for the purpose of verifying the information furnished on this application. Applicant(s) consent that Lessor or the Lessor's Designated Licensee representing the Lessor may contact Employers, Previous Landlords, and References for the purposes of identity and application verification.

Signature of Applicant #1 _____ Date _____
Signature of Applicant #2 _____ Date _____
Signature of Co-Signer _____ Date _____

REALTOR® INFORMATION

Table with 4 columns: Name, Contact Phone, Brokerage, E-Mail Address.