

SENTINEL PROPERTIES, INC.

Rental Application

(ONE APPLICATION PER APPLICANT)

FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH / /		SOCIAL SECURITY NO.	
CURRENT ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.	REASON FOR LEAVING
AT PRESENT ADDRESS		HOME FINANCED BY (OR) RENT PAID TO		PAYMENT MTG. <input type="checkbox"/>		
YRS.	MOS.			\$	RENT <input type="checkbox"/>	
MORTGAGOR/LANDLORD ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.	REASON FOR LEAVING
FORMER ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.	REASON FOR LEAVING
				HOW LONG YRS. MOS.		
				HOW LONG YRS. MOS.		

PRESENTLY EMPLOYED BY	ADDRESS	PHONE	POSITION	SUPERVISOR	YRS.	MOS.	SALARY \$	<input type="checkbox"/> WK <input type="checkbox"/> BI-WKLY <input type="checkbox"/> MO <input type="checkbox"/> PER YEAR
PRESENTLY EMPLOYED BY	ADDRESS	PHONE	POSITION	SUPERVISOR	YRS.	MOS.	SALARY \$	<input type="checkbox"/> WK <input type="checkbox"/> BI-WKLY <input type="checkbox"/> MO <input type="checkbox"/> PER YEAR
PRESENTLY EMPLOYED BY	ADDRESS	PHONE	POSITION	SUPERVISOR	YRS.	MOS.	SALARY \$	<input type="checkbox"/> WK <input type="checkbox"/> BI-WKLY <input type="checkbox"/> MO <input type="checkbox"/> PER YEAR
PRESENTLY EMPLOYED BY	ADDRESS	PHONE	POSITION	SUPERVISOR	YRS.	MOS.	SALARY \$	<input type="checkbox"/> WK <input type="checkbox"/> BI-WKLY <input type="checkbox"/> MO <input type="checkbox"/> PER YEAR

APARTMENT SIZE NEEDED _____ MOVE-IN DATE REQUESTED _____ / _____ / _____

GIVE PERSONAL REFERENCE – UNRELATED LOCAL REFERENCE PREFERRED

NAME	ADDRESS	PHONE
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CREDIT REFERENCES

(BANKS, STORES, CREDIT UNIONS, FINANCE COMPANIES, CREDIT CARDS, ETC. AND COMPLETE LIST OF ALL DEBTS NOW OWING. ATTACH ADDITIONAL SHEET IF NECESSARY.)

NAME(S) ON ACCOUNT	ADDRESS/LOCATION	ACCOUNT NO.	MONTHLY PAYMENT \$
			\$
			\$

CHECKING ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	BANK	ADDRESS/BRANCH	CITY & STATE
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SAVINGS ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	BANK	ADDRESS/BRANCH	CITY & STATE
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AUTOMOBILE MAKE	YR.	MODEL	FINANCED BY	MONTHLY PAYMENT	LICENSE NO.
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AUTOMOBILE MAKE	YR.	MODEL	FINANCED BY	MONTHLY PAYMENT	LICENSE NO.
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NAME OF NEAREST RELATIVE NOT LIVING WITH ME	ADDRESS	CITY & STATE	ZIP	PHONE	RELATIONSHIP
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A non-refundable service fee for the reimbursement of expenses involved in verifying the above information is charged. Applicant represents that all of the above statements are true and complete and hereby authorizes the Landlord to verify the above information, references, and credit records. Applicant acknowledges that false information herein may constitute grounds for rejection or termination of my lease. I authorize Landlord to obtain from any criminal and or credit record reporting agencies before, during and after tenancy regarding matters relating to myself, this application and/or lease by the landlord to me and to verify by all available means, the information in this application for criminal and credit background information.

APPLICANT'S SIGNATURE _____

DATE APPLICATION SUBMITTED _____ / _____ / _____

– THIS SPACE FOR OFFICE USE ONLY –

APPLICATION VERIFICATION

..... YES NO

INCOME STANDARDS MET

OCCUPANCY STANDARDS MET

PET STANDARDS MET

• EMPLOYMENT – INCOME VERIFIED BY _____ DATE _____

SALARY: WK \$ _____ BI-WKLY \$ _____ MO \$ _____ PER YEAR \$ _____

EMPLOYER: _____

• EMPLOYMENT – INCOME VERIFIED BY _____ DATE _____

SALARY: WK \$ _____ BI-WKLY \$ _____ MO \$ _____ PER YEAR \$ _____

EMPLOYER: _____

• CREDIT BUREAU: (REPORT DATE) _____

• CURRENT LANDLORD OR MORTGAGE VERIFIED BY _____

DATE _____

• CRIMINAL BACKGROUND RESULTS:

APP. APPROVED _____ REJECTED _____

RES. MANAGER _____

DATE _____

REASON, IF REJECTED _____

PHOTOCOPY
OF
DRIVER'S LICENSE

