

LONG TERM RENTAL APPLICATION

Instructions: Please complete the application and sign where indicated. Incomplete information will hinder your application process. Please note that each adult over the age of 18 is required to complete an application. Processing time varies from 3 to 5 days.

PREFERRED RENTAL UNIT			RENTAL TERM TO:						
		L							
APPLICANT	Applicant Full Name (Last, First)	Date of Birth	Social Security	# Phone		Email			
	Applicant Full Name (Last, First)	Date of Birth	Social Security	# Phone		Email			
ONAL	Full Name (Last, First)	Relationship			Age (if under 18)				
ADDITIONAL OCCUPANTS	Full Name (Last, First)	Relationship			Age (if under 18)				
Please answer the following questions:									
Do you have any PETS? If Yes, please list number, breed and size of pet(s):									
Has Ap	pplicant/Co-Applicant ever been EVICTED from a	ny residence?	?			() YES () NO			
Has Ap	pplicant/Co-Applicant ever been convicted of a F	e?			() YES () NO				
Does Applicant/Co-Applicant or any Occupant listed above have any pending CRIMINAL charges? () YES () I									
Is the A	Applicant/Co-Applicant a smoker?				() YES () NO				
Explain any "YES" answer(s) above in the COMMENTS section on the 2 nd page of this application.									
	CURRENT Residence – Check one: () Own/Mortgage () Rent () Other – List Details in Comments								
APPLICANT RESIDENCE HISTORY	Address	City		State	Zip	From To			
	Landlord/Mortgage Company	Landlord/Bank Phone			Payment Amount				
PLI	PREVIOUS Residence – Check one: () Own/Mortgage	() Rent () O	() Rent () Other – List Details in Comments						
AP RESIDE	Address	City		State	Zip	From To			
	Landlord/Mortgage Company	Landlord/Bank Phone			Payment Amount				
		() = () = (
	CURRENT Residence – Check one: () Own/Mortgage Address	() Rent () Other – List Details in Comments City State Zip From To							
CO-APPLICANT RESIDENCE HISTORY		,		State		From To			
	Landlord/Mortgage Company	Landlord/Bank Phone Payment Amoun				ount			
	PREVIOUS Residence – Check one: () Own/Mortgage	() Rent () Other – List Details in Comments			7:				
	Address	City		State	Zip	From To			
	Landlord/Mortgage Company	Landlord/Bank	Phone		Payment Amount				



Margaret Rudd & Associates, Inc. does not discriminate against any person based upon race, color, religion, sex, national origin, handicap, familial status or sexual orientation.



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	CURRENT Employer:									
APPLICANT EMPLOYMENT HISTORY	Address	City	State	Zip	Start	End				
	Supervisor's Name	Supervisor's Phone/Ema	Monthly Income							
A	PREVIOUS Employer:									
EMPLC	Address	City	State	Zip	Start	End				
	Supervisor's Name	Supervisor's Phone/Ema	Supervisor's Phone/Email			Monthly Income				
	Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such additional income is to be induced for									
	qualification. Source: Amount				Frequency					
CO-APPLICANT EMPLOYMENT HISTORY	CURRENT Employer:									
	Address	City	State	Zip	Start	End				
	Supervisor's Name	Supervisor's Phone/Ema	Supervisor's Phone/Email Mo			Monthly Income				
	PREVIOUS Employer:									
	Address	City	State	Zip	Start	End				
	Supervisor's Name	Supervisor's Phone/Ema	il	Monthly Incor	me					
	Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such additional income is to be induced for qualification.									
	Source: Amount			Frequency						
NTS	Please use this section to provide any additional information or necessary details.									
COMMENTS										
00										
Upon signing, the applicant(s) recognize that an investigative report may be prepared whereby information is obtained through interview, credit report and criminal check. This includes information as to your character, general reputation, credit and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application. The applicant(s) appearing below hereby authorize Margaret Rudd & Associates, Inc. to investigate the above mentioned, and authorizes the release of any and all requested information that the owner or agent deems necessary in determining the status of this application.										
Applicar	nt Signature Date	Co-Applicant Signature	Date	Agent Signature	9	Date				
FOR OFFICE USE ONLY:										
Prope	rty/Unit#:	Lease Term:	Move-In Date:							
Rent:		Application Fee:	Paid On:							



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