



## 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 FROM: _____ TO: _____
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<b>APPLICANT</b>	Applicant Full Name (Last, First)	Date of Birth	Social Security #	Phone	Email
	Applicant Full Name (Last, First)	Date of Birth	Social Security #	Phone	Email

<b>ADDITIONAL OCCUPANTS</b>	Full Name (Last, First)	Relationship	Age (if under 18)
	Full Name (Last, First)	Relationship	Age (if under 18)

**Please answer the following questions:**

Do you have any PETS? ( ) YES ( ) NO

If Yes, please list number, breed and size of pet(s): \_\_\_\_\_

Has Applicant/Co-Applicant ever been EVICTED from any residence? ( ) YES ( ) NO

Has Applicant/Co-Applicant ever been convicted of a FELONY offense? ( ) YES ( ) NO

Does Applicant/Co-Applicant or any Occupant listed above have any pending CRIMINAL charges? ( ) YES ( ) NO

**\*\*Explain any "YES" answer(s) above in the COMMENTS section on the 2<sup>nd</sup> page of this application.\*\***

<b>APPLICANT RESIDENCE HISTORY</b>	<b>CURRENT Residence</b> – Check one: ( ) Own/Mortgage ( ) Rent ( ) Other – List Details in Comments					
	Address	City	State	Zip	From	To
	Landlord/Mortgage Company	Landlord/Bank Phone			Payment Amount	
	<b>PREVIOUS Residence</b> – Check one: ( ) Own/Mortgage ( ) Rent ( ) Other – List Details in Comments					
<b>CO-APPLICANT RESIDENCE HISTORY</b>	<b>CURRENT Residence</b> – Check one: ( ) Own/Mortgage ( ) Rent ( ) Other – List Details in Comments					
	Address	City	State	Zip	From	To
	Landlord/Mortgage Company	Landlord/Bank Phone			Payment Amount	
	<b>PREVIOUS Residence</b> – Check one: ( ) Own/Mortgage ( ) Rent ( ) Other – List Details in Comments					
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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APPLICANT EMPLOYMENT HISTORY	<b>CURRENT Employer:</b>							
	Address	City	State	Zip	Start	End		
	Supervisor's Name	Supervisor's Phone/Email		Monthly Income				
	<b>PREVIOUS Employer:</b>							
	Address	City	State	Zip	Start	End		
	Supervisor's Name	Supervisor's Phone/Email		Monthly Income				
<b>Additional income</b> such as child support, alimony, or separate maintenance need not be disclosed unless such additional income is to be induced for qualification. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Source:</td> <td style="width: 33%;">Amount</td> <td style="width: 33%;">Frequency</td> </tr> </table>						Source:	Amount	Frequency
Source:	Amount	Frequency						
CO-APPLICANT EMPLOYMENT HISTORY	<b>CURRENT Employer:</b>							
	Address	City	State	Zip	Start	End		
	Supervisor's Name	Supervisor's Phone/Email		Monthly Income				
	<b>PREVIOUS Employer:</b>							
	Address	City	State	Zip	Start	End		
	Supervisor's Name	Supervisor's Phone/Email		Monthly Income				
<b>Additional income</b> such as child support, alimony, or separate maintenance need not be disclosed unless such additional income is to be induced for qualification. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Source:</td> <td style="width: 33%;">Amount</td> <td style="width: 33%;">Frequency</td> </tr> </table>						Source:	Amount	Frequency
Source:	Amount	Frequency						
COMMENTS	Please use this section to provide any additional information or necessary details.							

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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_
 Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_
 Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>Property/Unit#:</b>	<b>Lease Term:</b>	<b>Move-In Date:</b>
<b>Rent:</b>	<b>Application Fee:</b>	<b>Paid On:</b>



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