Email to <u>SuchyConstructionInc@gmail.com</u> or drop off at 2007 Kansas Ave in

the bottom locked drop box.

PLEASE COMPLETE ALL OF THE APPLICATION



Rental Application

Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this application COMPLETELY and sign where indicated.

		Personal Ir	nformation			
Name (first, middle, last)				Social Security Numb	per	
Date of Birth		Marrital Satatus (single	Marrital Satatus (single, married, divorced)		Driver's License # and State Issued	
Phone Number		Phone Number		Email Address		
Current Address			City/State/Zip			
Length of time		Present Landlord include	l ding phone number			
Reason for leaving		Amount of Rent	Is your rent paid current to date? If not, please explain			
Previous address (including	g city, state and zip)					
Length of time		Landlord including pho	ne number			
Reason for leaving		Amount of Rent	Was your rent paid current? If not, please explain		in	
Proposed Rental Ac	ldress					
		Proposed (Occupants			
Name		Relationship	Relationship Occupation		Age	

				·		
		Proposed Pets				
Name Ty		ype/Breed	Indo	or/Outdoor	Age	
		Vehicle Inf	l formation			
Year	Make	Model	Color	Plate #	State	
		Employ	yemnt			
Current Employer		Occupation	Occupation		Hours/Week	
Supervisor		Phone number (include	Phone number (include ext.)		Years Employed	
Address		City/State/Zip	City/State/Zip			
Current Employer		Occupation	Occupation			
Supervisor		Phone number (include	Phone number (include ext.)			
Address		City/State/Zip	City/State/Zip			
	Contract Contract of Contract	A ARTON AND BUILDING CONTROL OF THE PARTY OF		tering a series con to the former more and according to the contract of the co	CONT. CONT. OF CONT.	



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		COMPLETELY and sign wh	nere indicated.		
Current Income (Weekly, BiWeekly, Mo		Icome		In	
сытен пісопе (wеекіу, віwеекіу, Мо	Source		Proof of Income?		
Current Income (Weekly, BiWeekly, Mo			Proof of Income?		
	Financial Information	/Credit Card Informa	ation	14-11-10-10-10-10-10-10-10-10-10-10-10-10-	
Bank Account (Name of Bank)	Balance	Monthly Balance			
Vehicle Loan	Balance owed	Monthly Payment			
Child Support (other owed)	Balance owed	Monthly Payment			
Credit Card Company	Balance owed	Monthly Payment			
Credit Card Company	Balance owed	Monthly Payment			
Credit Card Company	Balance owed	Monthly Payment			
	Emergency/Persona	Referance Informat	ion		
Emergency Contact	ergency Contact Phone		Work Phone		
Relation	Address	Address		City/State/Zip	
Emergency Contact	Phone	Phone		Work Phone	
Relation	Address	Address		City/State/Zip	
Personal Reference	Phone	Phone		Work Phone	
Relation	Address	Address		City/State/Zip	
	Applicant Questio	nnaire/Authorizatior	ì		
Has applicant ever been sued	for bills?				
Has applicant ever filed bankı	ruptsy?				
Has applicant ever been guilt	y of a felony?				
Has applicant ever broken a k	ease?				
Has applicant ever been locke	ed out of their rental by	the sheriff?			
Has applicant ever been brou	ght to court by another	landlord?		*	
Has applicant ever moved ow	ing rent or damaged rer	ital?			
Do you have the total move-in	n amount available (ren	t and deposit)?			
Applicant authorizes the land neighbors and any other sour and complete to the best information is not as represented the second of the second	ces deemed necessary to of applicant's knowledg esented. ANY PERSON (o investigate applica e. Landlord reserves DR FIRM IS AUTHORIA	nt. All information the right to disquared TO RELEASE IN	is true, accurate alify tenant if IFORMATION	
Applicant S	ignature		Date		
Notes:			Date		