

Date of Application: _____

Rental Application for Vacchiano Associates

A \$100 non-refundable application fee is required for processing.

Instructions: A separate application must be filled out by each applicant (except if married). Complete each area and sign where indicated.

Application is for the following: One Bedroom Two Bedroom Senior

PERSONAL

APPLICANT NAME: _____ SOCIAL SECURITY #: ____-____-____

MARTIAL STATUS: Single Married (date __/__/__) Divorced (date __/__/__) Former Spouse _____

BIRTH DATE: __/__/____ DRIVERS LICENSE: STATE _____ # _____

ADDRESSES

PRESENT ADDRESS: _____

SINCE (date): __/__/____ RENT (per month): \$ _____ PRESENT PHONE #: ____-____-____

LANDLORD NAME: _____ LANDLORD'S PHONE #: ____-____-____

Is rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

PREVIOUS ADDRESS: _____

SINCE (to & from date): __/__/____ -- __/__/____ RENT (per month): \$ _____

LANDLORD NAME: _____ LANDLORD'S PHONE #: ____-____-____

Was rent up to date? Yes No Did you give notice? Yes No Were you asked to leave? Yes No

OCCUPANTS

NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE (mm/dd/year)

PETS: Yes No If yes: Number _____ Type _____ Size _____

CARS

MAKE/MODEL/COLOR #1: _____

LICENSE PLATE #1: _____ STATE: _____ LIEN HOLDER #1: _____

MAKE/MODEL/COLOR #2: _____

LICENSE PLATE #2: _____ STATE: _____ LIEN HOLDER #1: _____

EMPLOYMENT

EMPLOYER: _____ SINCE (to & from date): __/__/____ -- __/__/____

POSITION: _____ ADDRESS: _____ HOURS PER WEEK: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE #: ____-____-____

Date of Application: _____

PREVIOUS EMPLOYER: _____ SINCE (to & from date): ____/____/____ -- ____/____/____
POSITION: _____ ADDRESS: _____ HOURS PER WEEK: _____
SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE #: _____-_____-_____

INCOME

CURRENT INCOME: \$ _____ Weekly/Biweekly/Monthly/Yearly SOURCE: _____
CURRENT INCOME: \$ _____ Weekly/Biweekly/Monthly/Yearly SOURCE: _____
CURRENT INCOME: \$ _____ Weekly/Biweekly/Monthly/Yearly SOURCE: _____
Bank/Credit Union: _____ Account #: _____
Bank/Credit Union: _____ Account #: _____

REFERENCES

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

Emergency Contact: _____ Phone #: _____-_____-_____

CREDIT ACCOUNTS

NAME	ADDRESS	ACCOUNT #	PAYMENT CURRENT
			\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any "YES" answers on separate page with names and details.

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No
Has any signer ever been bankrupt? Yes No Has any signer ever been guilty of a felony? Yes No
Has any signer ever broken a lease? Yes No Is the total move-in amount available now? Yes No
Name in which utilities are now billed and account #: _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors, and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

Applicant Name (print) Applicant Signature Date

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.

APPLICATIONS WILL BE KEPT FOR ONE YEAR