



Rent Application Form

Address applying for:

Name (1):			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Landlord Name:		Landlord Phone:	
Previous Address:			
City:	State:	ZIP:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Salary (Please circle)	Annual income:	
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			
Name (2):			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	ZIP:	
Owned/ Rented (Please circle)	Monthly payment or rent:	How long?	
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly Salary (Please circle)	Annual income:	
PERSONAL REFERENCES			
Name:	Address:	Phone:	



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EMERGENCY – List 2 starting with relatives

Name relationship phone .

Name relationship phone .

Answer the following questions:

Do you have pets? Yes No

Do you or anyone living in the property smoke? Yes No

Have you or any of the person(s) that will be living in the house ever been convicted or charged as a sex offender. YES / NO

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of Applicant:

Date:

Signature of Spouse:

Date:

In order to complete the application a the following will be needed:

- need copy of drivers license
- verification of income (last 2 paycheck stubs)

Authorization to Release Information

.....
From: _____ (tenant name)
To: _____

I have applied for a dwelling unit with Lease Purchase Pros.

I have been requested to provide information for their use in reviewing my credit, background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications. The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for **45** days from date below.
Please keep this copy of my release request for your files. Thank you.

Signature

Date

Signature

Date

