

IT IS OUR POLICY TO PROVIDE EQUAL HOUSING OPPORTUNITY TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, CREED, RELIGIOUS BELIEF, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, PHYSICAL OR MENTAL HANDICAP, OR VETERAN STATUS.

## RENTAL APPLICATION

PLEASE PRINT CLEARLY AND USE BLACK INK

ADDRESS YOU ARE INTERESTED IN \_\_\_\_\_

APPLICANT # 1 \_\_\_\_\_ SSN # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LIC. # / STATE \_\_\_\_\_ / \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ YOUR E-MAIL ADDRESS(ES) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

CURRENT LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_ RENT \$ \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS \_\_\_\_\_ CAR LIC. PLATE: \_\_\_\_\_

PRIOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PRIOR LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_ RENT \$ \_\_\_\_\_

HOW LONG AT PRIOR ADDRESS \_\_\_\_\_ YEAR / MAKE / MODEL OF CAR \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_ HOW LONG? \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_ OTHER INCOME (EXPLAIN) \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_ HOW LONG? \_\_\_\_\_

POSITION \_\_\_\_\_ MONTHLY INCOME \$ \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

APPLICANT # 2 \_\_\_\_\_ SSN # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LIC. # / STATE \_\_\_\_\_ / \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

ADDRESS IF DIFFERENT FROM APPLICANT#1 \_\_\_\_\_

YEAR, MAKE & MODEL OF CAR \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_ HOW LONG ? \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_ OTHER INCOME (EXPLAIN) \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_ HOW LONG? \_\_\_\_\_

POSITION \_\_\_\_\_ MONTHLY INCOME \$ \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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**OTHERS WHO WILL BE LIVING AT RESIDENCE**

	<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>OCCUPATION</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**RELATIVES IN THE AREA OR WHO LIVE CLOSEST TO YOU ( 2 PER APPLICANT)**

PLEASE GIVE COMPLETE INFORMATION – IF NO RELATIVES LIVE IN THE AREA, PROVIDE OTHER REFERENCES

	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>NUMBER, STREET, CITY, ST, ZIP</b>	<b>PHONE #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

We will be unable to process your application if we do not receive the following:

- Copies of Drivers License for all adults 18 years or older who will reside in the home. (TO READ FROM FAXED COPY, PLEASE ENLARGE)
- **If your rent-payment history is in a private home, provide landlord's contact information.**
- **Copies of two consecutive pay stubs from all applicants' jobs.**
- **If you are self-employed we will need a copy of your tax return.**

Submit your application by fax at **214-237-6163**

**PHONE: 214-296-7307**

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**INFORMATION RELEASE FORM**

I/we hereby authorize *Bryan Kennedy* to obtain information concerning my past employment, and/ or tenant-landlord history now or anytime in the future. I hereby authorize any of the following sources, including but not limited to landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, current or past employers to release information to *Bryan Kennedy*. or any information services concerning my/our employer and/or landlord history. I hereby release any of the above sources, their officers, agents, or employees from an liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me/us by reason of compliance with the above mentioned inquiry which may include the answering of specific questions and the giving of any information concerning my/our past records.

**I HAVE READ THE ABOVE AND I AM IN COMPLETE AGREEMENT WITH IT.**

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Date

**MILITARY AFFIDAVIT**

I, APPLICANT #1, \_\_\_\_\_, HEREBY SWEAR THAT I **AM** OR **AM NOT** (circle one) IN THE MILITARY SERVICE AND I **AM** OR **AM NOT** (circle one) ON ACTIVE DUTY IN A FOREIGN COUNTRY.

\_\_\_\_\_  
APPLICANT #1 SIGNATURE

\_\_\_\_\_  
DATE

I, APPLICANT #2, \_\_\_\_\_, HEREBY SWEAR THAT I **AM** OR **AM NOT** (circle one) IN THE MILITARY SERVICE AND **AM** OR **AM NOT** (circle one) ON ACTIVE DUTY IN A FOREIGN COUNTRY.

\_\_\_\_\_  
APPLICANT #2 SIGNATURE

\_\_\_\_\_  
DATE

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**For Office Use Only – Do Not Write Below**

Application	Person Contacted	Remarks
<input type="checkbox"/> Present Landlord	_____	_____
<input type="checkbox"/> Previous Landlord	_____	_____
<input type="checkbox"/> Applicant's Employment	_____	_____
<input type="checkbox"/> Co-Applicant's Employment	_____	_____
<input type="checkbox"/> Bank	_____	_____
<input type="checkbox"/> Reference (1)	_____	_____
<input type="checkbox"/> Reference (2)	_____	_____
<input type="checkbox"/> Reference (3)	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Driver's License/ID	_____	_____
<input type="checkbox"/> Credit Bureau	_____	_____

Verification completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Monies Received**

Date	Description	Amount
	Application Fee	
	Security Deposit	

THIS APPLICATION:  Is Approved  Is Not Approved