Rental Application

Apartment Applying for:			Apt#:	Move In:	//
Applicant's Name:			SS#:		
Co-Applicant's Name:			SS#:		
Phone: ()	(Optional) DOB Appl:			Co-Appl	://
Dr. Lic Applicant:	State:	_ Co-Applic	ant:		State:
Current Address:	City:			_St:	_Zip:
(If current address is less than PreviousAddress		_City		St	Zip
Previous Landlord Informati	ion (Not Current L	.andlord)			
Property Name or Property Ma	nagement Co:				
Landlord or Contact Name:			Phone	e: ()	
Landlord Address:		City:		St:	Zip:
Monthly Rental Amount:	Resid	led on prem	ises From:		To:
Employment Information:					
Employer/Company Name:					
Address:	City:			St:	Zip:
Supervisor's Name:			Phone:	()	
Position:	Salary \$:	Start [Date/Length	of Employm	ent:
Co-Applicant:					
Employer/Company Name:					
Address:	City:			St:	Zip:
Supervisor's Name			Phono:	<i>(</i>)	

Position:	_Salary \$:	Start Date/Length of Employment:	_				
I/We confirm that all the information supplied is true and correct. I/we understand that I/we can be turned down for the apartment if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information by Background Solutions Online, including my credit, rental, check writing and employment history including salary.							
Applicant's Signature		DATE					
Co-Applicant's Signature		DATE					

FOR OFFICE USE ONLY: CALL Background Solutions Online 1-514-2940 OR FAX TO 1-239-593-0968 TO PROCESS THIS APPLICATION. THE COMPLETED APPLICATION SHOULD BE KEPT ON FILE FOR 2 YEARS REGARDLESS OF ACCEPTANCE OR DENIAL.