

RENTAL APPLICATION



**Smith Commercial
Management, Inc.**

(A processing fee is required for this application)

Thank you for applying to rent an apartment with us. Please provide us with all of the information requested on this application form. Incomplete information will only delay the processing of your Rental Application. PLEASE PRINT CLEARLY.

EACH INDIVIDUAL OVER 18 MUST COMPLETE A SEPARATE APPLICATION

Property Address _____ Rent _____ Deposit _____

When do you plan to move into the property? _____

NAME _____ Date of Birth _____

First Middle Last MO/DAY/YEAR

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

TELEPHONE NUMBERS – HOME () _____ WORK () _____

OTHER OCCUPANTS: FULL NAME _____ DATE OF BIRTH _____

PLEASE LIST YOUR RESIDENCE HISTORY FOR NO LESS THAN TWO (2) YEARS

CURRENT ADDRESS _____

Number Street Apt# City State Zip

OWNER MANAGER _____

Name Address City Telephone

REASON FOR LEAVING _____ HOW LONG? _____

PREVIOUS ADDRESS _____

Number Street Apt# City State Zip

OWNER MANAGER _____

Name Address City Telephone

REASON FOR LEAVING _____ HOW LONG? _____

PLEASE LIST YOUR EMPLOYMENT HISTORY FOR NO LESS THAN TWO (2) YEARS

CURRENT EMPLOYER _____ ADDRESS _____

Company Name Street City State Zip

GROSS MO. SALARY \$ _____ POSITION _____ HOW LONG? _____

SUPERVISOR _____ TELEPHONE () _____

PREVIOUS EMPLOYER _____ ADDRESS _____

Company Name Street City State Zip

GROSS MO. SALARY \$ _____ POSITION _____ HOW LONG? _____

SUPERVISOR _____ TELEPHONE () _____

ADDITIONAL INCOME _____ IF YES, AMOUNT \$ _____ SOURCE _____

IS APPLICANT OBLIGATED FOR PAYMENT OF CHILD SUPPORT OR SPOUSAL SUPPORT PAYMENTS? _____
IF YES, PLEASE INDICATE MONTHLY PAYMENT AMOUNT \$ _____

PETS _____ WATER FILLED FURNITURE _____
Number & Description Description

**AUTOMOBILES/MOTORCYCLES TO BE PARKED ON THE PREMISES – PLEASE
PROVIDE MAKE, MODEL, YEAR, COLOR & LICENSE PLATE NUMBER**

BANK (Checking) _____

Bank Name Address City Telephone Account No.

BANK (Savings) _____

Bank Name Address City Telephone Account No.

CREDIT UNION _____

Credit Union Name & Address Telephone Account No.

HAVE YOU EVER BEEN LATE IN THE PAYMENT OF YOUR RENT OR ANY OTHER FINANCIAL OBLIGATIONS?
_____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN THE DEFENDANT IN AN UNLAWFUL DETAINER (EVICTION) OR EVER HAD A SUIT,
JUDGEMENT, LIEN, REPOSSESSION, COLLECTION OR CHARGED OFF ACCOUNT? _____
IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?

(circle one) YES NO

PERSONAL/EMERGENCY _____

CONTACT Full Name & Address Telephone Relationship

The information on this application is true and correct. I hereby authorize Smith Commercial Management, Inc. or its agents to verify the information contained herein and obtain a consumer or investigative credit report. I understand that the \$30.00 fee for verifying this rental application is not a deposit or rent, and will not be applied to future deposit or rent and will not be refunded, even though this application is declined.

NOTE: APPLICANT MUST SIGN BELOW

Signature Required DATE _____