

# RENTAL APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.  
PLEASE PRINT CLEARLY.

## OCCUPANT(S)

Name _____	Co-Applicant _____				
SS# _____ DL# _____	SS# _____ DL# _____				
Date of Birth _____	Date of Birth _____				
Phone: Home (____) _____	Phone: Home (____) _____				
Work (____) _____	Work (____) _____				
Any other occupants (Name, Age, Relationship)					
NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## EMPLOYMENT HISTORY

Current Employer _____			
Address _____			
Supervisor _____	Phone (____) _____		
Gross Monthly Salary _____	Position _____	How Long _____	
Co-Applicant's Employer _____			
Address _____			
Supervisor _____	Phone (____) _____		
Gross Monthly Salary _____	Position _____	How Long _____	

## RENTAL HISTORY (No Less Than Two Years)

Present Address _____							
Rent _____	Own _____	Number _____	Street _____	Apt# _____	City _____	State _____	Zip _____
		Rental/Mortgage Amount Paid Monthly _____			From/To _____		
Reason for leaving _____							
Landlord Name/Mortgage Co. _____						Phone # (____) _____	
Previous Address _____							
Rent _____	Own _____	Number _____	Street _____	Apt# _____	City _____	State _____	Zip _____
		Rental/Mortgage Amount Paid Monthly _____			From/To _____		
Reason for leaving _____							
Landlord Name/Mortgage Co. _____						Phone # (____) _____	
Previous Address _____							
Rent _____	Own _____	Number _____	Street _____	Apt# _____	City _____	State _____	Zip _____
		Rental/Mortgage Amount Paid Monthly _____			From/To _____		
Reason for leaving _____							
Landlord Name/Mortgage Co. _____						Phone # (____) _____	



## BANKING REFERENCE

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Balance \_\_\_\_\_

## PERSONAL REFERENCES

1) \_\_\_\_\_  
Name \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
2) \_\_\_\_\_  
Name \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## OTHER INFORMATION

Pets (describe) \_\_\_\_\_  
Water-filled Furniture (describe) \_\_\_\_\_  
Vehicles/Boats to be parked on premises (make/model/year/license no): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the past, have you been delinquent in paying rent or other financial obligations? If Yes, Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the past, have you failed to perform any obligation of a rental agreement or have you been a defendant in an eviction lawsuit?  
If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information on this application is true and correct to the best of my knowledge. I hereby authorize \_\_\_\_\_ or  
its agents to verify the above information and obtain either a consumer or investigative credit report from Contemporary Information Corp.  
I understand that the \$ \_\_\_\_\_ fee for verifying this rental application is not a deposit, will not be applied to any rent, or  
refunded even if the application to rent is declined.

## ALL APPLICANTS MUST SIGN BELOW:

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

## FOR OFFICE USE ONLY

NOTE: Advise the applicant to authorize employers, banks, and landlords to release all relevant information to Contemporary Information Corporation.

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

Move in Date \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Type \_\_\_\_\_ Rent \$ \_\_\_\_\_

Advise Applicants \_\_\_\_\_

Not Accepted: Reason \_\_\_\_\_



## AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize \_\_\_\_\_ to obtain a consumer credit and/or investigative report from Contemporary Information Corporation (CIC) on myself. I understand that such information may be derived in whole or in part from Experian, Equifax, and/or CIC.

Signature

Date

Full Name (please print)

Home Address

City

State

Zip

Social Security Number

Driver's License

Date of Birth

### \*\*\*IMPORTANT NOTE TO CIC SUBSCRIBER!\*\*\*

In Accordance with the Fair Credit Reporting Act, as well as other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than two years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that two year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.