

*New Age Realty, Property Management Division*

**Rental Application**

How did you find out about us?       Sign       Newspaper       Friend       Other

TO THE APPLICANT: We sincerely thank you for your application.  
Please help us promptly process this application by clearly completing all of the required information on these pages.

**Rental Information**

**Agent Information**

Date of Application:		Referring Agent Name:	
Address of rental desired:		Company:	
Length of Lease requested:		Address:	
Desired starting date:		City, ST, Zip	
Scheduled Move-in date:		Phone:	

**Personal Information**

<b>Applicants Name</b>		Phone		Cell Phone	
Date of Birth		Social Security		Work Phone	
Driver's License Number		State			
Email:		Marital Status			
<b>Co-Applicant</b>		Phone		Cell Phone	
Date of Birth		Social Security		Work Phone	
Driver's License Number		State			
Email:		Marital Status			

Other Residents	Relationship	Age	Other Residents	Relationship	Age

**Residence History**

<b>PRESENT ADDRESS</b>		City		State		ZIP	
Present Landlord or Mortgage Holder		Length of Time at Present Address					
Landlord Phone Number		Email:					
Amount of Rent/Mortgage		Reason for Moving					
<b>PREVIOUS ADDRESS</b>		City		State.		ZIP	
Previous Landlord or Mortgage Holder		Length of Time at Previous Address					
Landlord Phone Number		Email:					
Amount of Rent/Mortgage		Reason for Moving					

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**Employment Information**

**PRESENT STATUS**     Employed Full-Time                       Part-Time                       Unemployed                       Retired                       Student

Current Employer				How Long		Years		Months
Employer's Address								
Phone Number		Cell		Fax		Email		
Position Held				Department				
Supervisor				Present Income			(gross) per month	

Prior Employer				How Long		Years		Months
Employer's Address								
Phone Number		Cell		Fax		Email		
Position Held				Department				
Supervisor				Prior Income			(gross) per month	

IF STUDENT, LIST SCHOOL								
Course of Study								
Present Level				Expected date of graduation				

**Banking References**

BANK 1									
Branch Address									
Account No.				Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Loan	<input type="checkbox"/>
BANK 2									
Branch Address									
Account No.				Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Loan	<input type="checkbox"/>

**Co-Applicant's Information**

**PRESENT STATUS**     Employed Full-Time                       Part-Time                       Unemployed                       Retired                       Student

Current Employer				How Long		Years		Months
Employer's Address								
Phone Number		Cell		Fax		Email		
Position Held				Department				
Supervisor				Present Income			(gross) per month	

Prior Employer				How Long		Years		Months
Employer's Address								
Phone Number		Cell		Fax		Email		
Position Held				Department				
Supervisor				Prior Income			(gross) per month	

IF STUDENT, LIST SCHOOL								
Course of Study								
Present Level				Expected date of graduation				

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## Additional Information

NUMBER OF VEHICLES (Including company cars, no trucks over ¾ ton permitted without written approval)

Make/Model	Year	Color	License No.	State
Make/Model	Year	Color	License No.	State
Make/Model	Year	Color	License No.	State
Motorcycles / boats / trailers / other: (describe)				
Does anyone in your family smoke tobacco products?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been sued for eviction from a rental property:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?		Describe		
Will you have pets?	Pet #1: Type	Breed	Size	Age
	Pet #2: Type	Breed	Size	Age
Other: Kind/size				

## In case of emergency please notify

Name	Relationship	Telephone
Address	City	State ZIP

## Comments

Please tell us any other information about yourself that might help us evaluate your application:

In reviewing your credit history is there any information that will help us understand past or current financial problems?

## Authorization

Applicant understands that occupancy is limited to only those names on this application and occupancy is contingent upon approval of this application by the owner of his/her agent.

Applicant understands that the information herein is submitted as representation for the procurement of occupancy and recognizes that if any information is discovered to be false, the application can be rejected, the lease can be voided and deposits forfeited, all at the owner's option. Applicant authorizes verification of all information on this application including credit checks, employment verification and rental history reports by the management of the rental unit.

In the event applicant is accepted, the security deposit will be required to be paid within 24 hours by money order or cashier's check to hold the unit off the rental market. Applicant agrees to sign a lease agreement in the standard form required by management. In the event that applicant is accepted and has paid the security deposit but fails to enter into the rental agreement or fails to take occupancy on the date specified or changes their decision on occupancy for whatever reason, the deposit will be forfeited by management as damages for holding the rental unit off the rental market.

The preparation and execution of this application does not create a tenancy between applicant and management nor any interest by applicant in the rental unit. Applicant accepts the rental unit in its current condition and no promises by landlord except those in writing shall be enforceable.

Signed:	(Typing your name above constitutes Original Signature)	Print Name	Date
Signed:	(Typing your name above constitutes Original Signature)	Print Name	Date