

Lathrop Property Management

RENTAL APPLICATION

Property: _____ Unit Number: _____ Move In Date: _____
Full Name: _____ SS#: ____/____/____
Current Address: _____ How Long: _____
Birth date: ____/____/____
Daytime Phone #: (____) _____ - _____ Night Phone #: (____) _____ - _____

EMPLOYMENT INFORMATION

Your Status: Full-Time Part-Time Student Retired Not Employed
Present Employer: _____ Phone #: (____) _____ - _____
Occupation: _____ Salary: _____ Week/Mo: _____
Supervisor: _____ How Long: _____
Previous Employer: _____ Phone #: (____) _____ - _____
Co-Applicant: _____ Phone #: (____) _____ - _____
Current Address: _____ How Long: _____
Occupation: _____ Salary: _____ Week/Mo: _____
Birth Date: _____ SS#: ____/____/____

RESIDENCE HISTORY FOR PAST 5 YEARS Use back if more space is needed

Current Landlord: _____ Phone #: (____) _____ - _____
Previous Landlord: _____ Phone #: (____) _____ - _____
Previous Address: _____
Month & Year Moved In: ____/____ Reason for Leaving: _____
Have you ever been evicted by a past landlord? Yes No
Have you ever had a court order eviction? Yes No
If yes on either, explain: _____
Have you in the last five years been convicted of any crimes? Yes No
If yes, explain: _____
Have you ever filed bankruptcy? Yes No
Are you or any member of your family a smoker? Yes No
Who will be living in the apartment with you?
Name: _____ Relationship: _____
DOB: ____/____/____ SS#: ____/____/____
Name: _____ Relationship: _____
DOB: ____/____/____ SS#: ____/____/____
Pets (Number and kind): _____

PERSONAL REFERENCES		
NAME	ADDRESS	PHONE
		() - -
		() - -
		() - -

Closest relative not living with you:

Name: _____ Relationship: _____ Phone #: () - -

A non-refundable application fee of \$40.00 payable to _____ must accompany this application.

I further hereby deposit \$ _____ as earnest money to be refunded to me if this application is not accepted within _____ business banking days. Upon acceptance of this application, this deposit shall be retained as security deposit. When so approved and accepted I agree to execute a lease for _____ months before possession is given, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance, which the owner or his agent may reject without stating any reason for so doing.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER CREDIT REPORT/CRIMINAL REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH CURRENT AND/OR PREVIOUS LANDLORDS.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant: _____ Date: ___/___/___

Signature of Applicant: _____ Date: ___/___/___

Signature of Agent: _____ Date: ___/___/___

FOR OFFICE USE ONLY

THIS APPLICATION: APPROVED NOT APPROVED

By: _____ Date: ___/___/___

If not approved, specify reason(s):

Applicant notified by: _____ Date: ___/___/___