

RNA RENTAL, LLC CONTROLLED DOCUMENT	Sect: Leasing / Occupancy III_6_a	Rev. Date: 08/19/09
	Title: Rental Application And Verification Form	Approved: RNA Sr.
		Page 1 of 1

Rent Supplement – Housing must cover at least 50% of total cost at start. If housing portion is less than 100% applicant must income qualify for difference not to exceed weekly income.

Items 1 thru 7 must be completed prior to showing apartments.

- How Did You Find Out About Us _____
 Today's Date _____ Time _____
 Property Name _____
 Date of Desired Occupancy _____
 Number of Occupants _____
 Required: Bedroom ___ Bath ___ W/D Hookup _____
 Term of Lease _____ Target Rent _____
 Other features desired _____
- Have you ever broken a lease or been evicted from any type of housing. If yes, explain _____

FOR OFFICE USE ONLY Approved _____ Not Approved _____ Credit Report _____ Employer Verification _____ Proof of Income _____ Police Report _____ Landlord Reference _____ Past Tenant _____ Appl. Fee _____ Amt./Date Dep. Received _____
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- Applicant** Full Name _____ Phone # _____
 Driver's Lic. # _____ Soc. Sec. # _____ DOB _____
 Employer _____ Term _____ Full Time? _____ Phone # _____
 Gross Salary _____ Wk/Biwk/Mo Other Income _____
 Circle One

- Co-Tenant** Full Name _____ Phone # _____
 Driver's Lic. # _____ Soc. Sec. # _____ DOB _____
 Employer _____ Term _____ Full Time? _____ Phone # _____
 Gross Salary _____ Wk/Biwk/Mo Other Income _____
 Circle One

- Any criminal convictions in past five years by either applicant? Yes No If yes, please explain _____

- Any Non-Human Occupants? Yes No If So, Indicate Kind, Weight, Breed, Age _____

- Names of Other Occupants: (All people besides Applicant & Co-Tenant)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Items 1 through 11 must be completed prior to processing application.

- Applicant**
 Present Landlord _____ Phone # _____
 Current Address _____ City, State, Zip _____
 Years _____ Mo. Payment \$ _____

Spouse/Co-Tenant

- Present Landlord _____ Phone # _____
 Current Address _____ City, State, Zip _____
 Years _____ Mo. Payment \$ _____

Vehicle Registration (Including Company Car)

- Make of Vehicle _____ Color _____ Year _____ License # _____
 Make of Vehicle _____ Color _____ Year _____ License # _____

- In Case of Emergency Contact _____ Relationship _____ Phone # _____
 Relative Not Living With You _____ Relationship _____ Phone # _____

- Applicant(s) represents that all of the completed information is true and complete and authorizes the verification of same.
I/ (We) the Undersigned Applicant(s), have read and agree to all the provisions of this application.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____