



(TENANT FORM) APPLICATION TO RENT



www.aagla.org

Complete separate application for each adult tenant.

1 Name: LAST FIRST MIDDLE Social Security #: (Required)

2 Driver's Lic./ID #: State Birthdate (Required) MONTH - DAY - YEAR

3 Home Phone () Work Phone () Cell Phone () Email:

CURRENT

Address: STREET UNIT# CITY STATE ZIP

How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$

Owner/Manager Tel: Reason for Leaving

4 PREVIOUS

Address: STREET UNIT# CITY STATE ZIP

How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$

Owner/Manager Tel: Reason for Leaving

5 SECOND PREVIOUS

Address: STREET UNIT# CITY STATE ZIP

How Long? From (Month/Year): To: Last Rent Paid: Month Amt. \$

Owner/Manager Tel: Reason for Leaving

CURRENT EMPLOYMENT

Company Name Address

Company Phone Occupation/Position Type of Business

Name of Supervisor Dates of Employment - From: To: Monthly Salary

PREVIOUS EMPLOYMENT

Company Name Address

Phone Occupation/Position Type of Business

Name of Supervisor Dates of Employment - From: To: Monthly Salary

WHEN DO YOU PLAN TO MOVE IN? Date:

Applicant represents that the statements made are true and correct and authorizes Owner's agent (Bibawi Management LLC) to obtain credit report, verify income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. at

for \$ per month and upon approval of my Application and signed Rental Agreement. I agree to pay the first month's rent of \$ and a security deposit in the amount of \$.

Applicant Signature (Required) Date

For purposes of credit & rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.

If this box is checked there shall be no additional occupant(s).

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

ADDITIONAL INFORMATION

1. Have you ever had any credit problems? Yes No
2. Have you ever had an unlawful detainer filed against you? Yes No
3. Have you ever been evicted for non-payment of rent or for any other reason? Yes No
4. Have you ever filed bankruptcy? Yes No
5. Have you ever been convicted of a felony. Yes No
6. Do you have any animals? Yes No If Yes, How many? _____ Describe: _____
7. Will you be using any water-filled furniture in your residence? Yes No
If Yes, do you have insurance coverage? Yes No
8. Do you have any musical instruments? Yes No If yes, what kind _____
9. Do you smoke? Yes No Does any other proposed occupant smoke? Yes No
10. Please explain any "YES" answers. _____

BANKING INFORMATION

Name of Bank/S&L/Credit Union _____ Branch or Address _____
Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____
Name of Bank/S&L/Credit Union _____ Branch or Address _____
Checking #: _____ Approx. Bal. _____ Savings #: _____ Approx. Bal. _____
Other sources of income _____

CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)

Company Name _____ Address/City: _____
Account #: _____ Present Balance _____ Monthly Payment: _____
Company Name _____ Address/City: _____
Account #: _____ Present Balance _____ Monthly Payment: _____
Company Name _____ Address/City: _____
Account #: _____ Present Balance _____ Monthly Payment: _____
Company Name _____ Address/City: _____
Account #: _____ Present Balance _____ Monthly Payment: _____

EMERGENCY CONTACT

Name: _____ Address _____
Relationship _____ Phone (_____) _____

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Are you the registered owner? Yes No If not who? _____
Year _____ Make _____ Model _____ Color _____ License # _____ State _____
Year _____ Make _____ Model _____ Color _____ License # _____ State _____