

Farrell Homes

RENTAL APPLICATION FORM



The following information is confidential and will not be disclosed without your consent.

Applicant's Name			Social Security No.		Home Phone ()	
Present Street Address		City		State		Zip Code
						No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)		City		State		Zip Code
						No. Yrs. at Former Address
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years. Current Landlord: _____ Phone: _____ Address: _____ Previous Landlord: _____ Phone: _____ Address: _____ Previous Landlord: _____ Phone: _____ Address: _____						
Name and Address of Employer			Type of Business		Self Employed? Yes No	
Business Phone Number ()		Position/Title	No. Yrs. on Job			
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer		Business Phone ()	
Co-Applicant's Name			Social Security No.		Home Phone ()	
Present Street Address		City		State		Zip Code
						No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)		City		State		Zip Code
						No. Yrs at Former Address
Name and Address of Employer					Type of Business	Self-employed? Yes No
Business Phone Number		Position/Title	No. Yrs. on Job			

Name and Address of Previous Employer (if employed at present position less than 2 yrs.)		No. of Yrs. with Previous Employer	Business Phone
Annual Income			
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER
Gross Salary			
Overtime Pay			
Commissions/Fees/Tips/Bonuses			
Unemployment Benefits			
Workers Compensation, etc.			
Social Security, Pensions, Retirement Funds, etc., Received Periodically			
TANF Payments			
Alimony, Child Support			
Interest and/or Dividends			
Net Income from Business			
Net Rental Income			
Other:			
			Total
ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION
Checking Account			
Savings			
Certificate of Deposit			
Mutual Funds/ Stocks/ Bonds			
Real Estate			
Whole Life Insurance			
Annuity, Keogh, IRA, 401k			
Other:			
TOTAL:			

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

Are all household members full-time students? Yes _____ No _____

Household Composition: List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SSN
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Are there any special housing needs or reasonable accommodations that the household will require?

Have you or any member of the household ever been convicted of a felony? Yes _____ No _____

If yes explain:

The information provided above is true and complete to the best of my/ our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification to my/ our application for tenancy as well as credit and criminal background checks.

Applicant

Date

Co-Applicant

Date

Date

Date

All adult household members must sign

Request For
Residency Verification

To: _____

DATE: _____

The person(s) named below has made application for apartment/housing rental with us, you were listed as having rented to the applicant. The applicant by his/her signature below has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. Thank You.

RE: Resident(s) Name _____

Occupants Address _____

Date(s) of Occupancy _____

Request Submitted By: _____

Title: _____

Phone: _____

Applicants Authorization of this Inquiry:
I hereby consent to the release of my residency information.

Residents Signature(s) _____

Date Signed _____

PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Date Moved In _____ Date Moved Out _____ Still Is Occupant _____

Amount of Monthly Rent \$ _____ Utilities Included _____

Rent Generally Paid: () ON TIME () OCCASIONALLY LATE () OFTEN LATE
Housekeeping Habits: () GOOD () AVERAGE () POOR

Would you probably rent to this person again? () YES () NO

Other Comments: _____

Signature: _____ Title: _____ Date: _____

Tenant File Checklist

Unit: _____

Applicant: _____

Application Date: _____

Section 8: Yes / No

Verifications:

	Mailed Out	Received
Birth Certificates		_____
Social Security Cards		_____
Drivers License		_____
Employment (1)	_____	_____
Employment (2)	_____	_____
Self-Employment	_____	_____
Unemployment Benefits	_____	_____
Workmen's Compensation	_____	_____
Social Security	_____	_____
Supplemental Security Income (SSI)	_____	_____
Child Support	_____	_____
Pension/Annuity Income	_____	_____
Veterans Administration (Pension)	_____	_____
ADC/Public Assistance/TANF	_____	_____
Asset Verification	_____	_____
Landlord Verification	_____	_____
Other:	_____	_____

Notes: _____

Signature: _____

Signature: _____

Signature: _____