RENTAL APPLICATION Morris Apartments

		A	APPLICA	ANT I	NFORM	MATION				
			CONT	ACT IN	NFORMA	ATION				
Name:						Phone:				
Date of Birth:						Email:				
Social Security No.:						Driver Lic. # / State:				
			PR	ESENT	ADDRE	CSS				
Address:		Present Landlord Name:								
City:						Present Landlord Phone:				
State:						Present Landlord Email:				
Zip Code:						How long at present address?				
If you have been at your current ad	dress for one	year or less,	please pro	vide you	ır previoi	us address.				
			PRI	EVIOUS	S ADDRI	ESS				
Address:						Previous Landlord Name:				
City:						Previous Landlord Phone:				
State:						Previous Landlord Email:				
Zip Code:						How long at previous address?				
EMPLOYMENT / STUDENT INFO:										
Student:	Yes		No			School:				
Employer:				·		Position:				
Supervisor's Name:						Supervisor's Phone:				
		SPOUSE	E / CO-A	PPLIC	CANT I	NFORMATION				
			CONT	ACT IN	NFORMA	ATION				
Name:				Phone:						
Date of Birth:					Email:					
Social Security No.:						Driver Lic. # / State:				
			PR	ESENT	ADDRE	CSS				
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Zip Code: How long at previous address?										
EMPLOYMENT / STUDENT INFO:										
Student:	Yes		No			School:				
			1,0							
Employer:			710			Position:				

Morris Apartments

OTHER INFORMATION

what date are you looking to move in on?				,			
Have you ever been served eviction notice or	been asked to vacate	e property	you rented?				
Yes	;	No					
If yes: When and please explain?							
Do you use illegal drugs? Yes		No					
Do you engage in the distribution or sale of il	legal drugs?			•			
Yes	3	No					
Will children occupy the premises?				l.			
Yes	;	No					
If yes, how many children and what ages are	they?						
Do you have (or will have) pets that you wish	to bring onto premi	ses? (Plea	se note, all pet	s must be approved	d by landlord.	Additional fee's	may apply.)
Yes	,	No					
If yes, what kind of pet? How many pets? Ho	w large are the pets?						
Have you ever been convicted of a felony?							
, ,		No					
Yes		No					
If yes, please explain.							
Name & telephone no. of person to notify and	d				£		
Name & telephone no. of person to notify and	r person authorized t	to take pos	session of your	property in case of	or emergency.		
Na	ime			Phone			
REFERENCES							
1.							
2.							
3.							
	ACKNOW	VLEDEN	MENT ANI	AGREEME	NT		
Applicant(s) represent(s) that the abo credit records. Applicant(s) acknowle if discovered before move-in and groups of the control of the co	ve statements are edge(s) that false	true and informat	l correct and ion containe	authorize(s) ve d herein consti	erification o	ds for rejection	
Signature of Applicant	Date		Signature of	Spouse / Co-Appl	icant	Date	

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