

PERSONAL INFORMATION

| | | | | | | | |
|--|-------------------------------|--------|------------------|--|---------------|------------------------|--|
| NAME: FIRST | | MIDDLE | LAST | JR, SR, II, III, IV | DATE OF BIRTH | SOCIAL SECURITY NUMBER | |
| OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN | | | | DRIVERS LICENSE OR IDENTIFICATION NUMBER | | ISSUING STATE | |
| TELEPHONE - MOBILE | TELEPHONE - RESIDENCE OR ALT. | | TELEPHONE - WORK | | EMAIL | | |

EMPLOYMENT HISTORY FOR THE PAST 3 YEARS

| | | | | |
|----------------|--|----------------|-------|----------|
| BEGINNING DATE | NAME OF EMPLOYER | STREET ADDRESS | | |
| ENDING DATE | POSITION OR TYPE OF WORK | CITY | STATE | ZIP CODE |
| SALARY OR WAGE | CONTACT FOR VERIFICATION OF EMPLOYMENT | TELEPHONE | | |

| | | | | |
|----------------|--|----------------|-------|----------|
| BEGINNING DATE | NAME OF EMPLOYER | STREET ADDRESS | | |
| ENDING DATE | POSITION OR TYPE OF WORK | CITY | STATE | ZIP CODE |
| SALARY OR WAGE | CONTACT FOR VERIFICATION OF EMPLOYMENT | TELEPHONE | | |

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|----------------|--|----------------|-------|----------|
| BEGINNING DATE | NAME OF EMPLOYER | STREET ADDRESS | | |
| ENDING DATE | POSITION OR TYPE OF WORK | CITY | STATE | ZIP CODE |
| SALARY OR WAGE | CONTACT FOR VERIFICATION OF EMPLOYMENT | TELEPHONE | | |

OTHER INCOME

| | | | | |
|--------|--------|------------|--------------|-----------|
| SOURCE | AMOUNT | DATE BEGAN | CONTACT NAME | TELEPHONE |
| SOURCE | AMOUNT | DATE BEGAN | CONTACT NAME | TELEPHONE |

PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU

| | | | |
|---------|-----------|--------------|--------------------|
| NAME | TELEPHONE | RELATIONSHIP | HOW LONG AQUAINTED |
| ADDRESS | CITY | STATE | ZIP |

| | | | |
|---------|-----------|--------------|--------------------|
| NAME | TELEPHONE | RELATIONSHIP | HOW LONG AQUAINTED |
| ADDRESS | CITY | STATE | ZIP |

NEAREST RELATIVE WHO IS NOT LIVING WITH YOU

| | | | |
|---------|-----------|-------------------------------|--------------|
| NAME | TELEPHONE | ALTERNATE CONTACT INFORMATION | RELATIONSHIP |
| ADDRESS | CITY | STATE | ZIP |

IN CASE OF EMERGENCY NOTIFY

| | | | | |
|---------|--------------|--|-----|--|
| NAME | RELATIONSHIP | MOST RELIABLE WAY(S) TO CONTACT THIS PERSON IF THERE IS AN EMERGENCY | | |
| ADDRESS | CITY | STATE | ZIP | |

RESIDENCE HISTORY FOR THE PAST 5 YEARS

| | | | | |
|--|---|-----------|-------|----------|
| FOR THIS ADDRESS I WAS THE <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER (EXPLAIN) | | | | |
| MOVE-IN DATE | STREET ADDRESS OF UNIT | CITY | STATE | ZIP CODE |
| MOVE-OUT DATE | NAME OF <input type="checkbox"/> OWNER, <input type="checkbox"/> MANAGEMENT COMPANY, <input type="checkbox"/> APARTMENT COMPLEX | TELEPHONE | | |
| MONTHLY RENT OR PAYMENT | REASON FOR LEAVING | | | |

| | | | | |
|--|---|-----------|-------|----------|
| FOR THIS ADDRESS I WAS THE <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER (EXPLAIN) | | | | |
| MOVE-IN DATE | STREET ADDRESS OF UNIT | CITY | STATE | ZIP CODE |
| MOVE-OUT DATE | NAME OF <input type="checkbox"/> OWNER, <input type="checkbox"/> MANAGEMENT COMPANY, <input type="checkbox"/> APARTMENT COMPLEX | TELEPHONE | | |
| MONTHLY RENT OR PAYMENT | REASON FOR LEAVING | | | |

| | | | | |
|--|---|-----------|-------|----------|
| FOR THIS ADDRESS I WAS THE <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER (EXPLAIN) | | | | |
| MOVE-IN DATE | STREET ADDRESS OF UNIT | CITY | STATE | ZIP CODE |
| MOVE-OUT DATE | NAME OF <input type="checkbox"/> OWNER, <input type="checkbox"/> MANAGEMENT COMPANY, <input type="checkbox"/> APARTMENT COMPLEX | TELEPHONE | | |
| MONTHLY RENT OR PAYMENT | REASON FOR LEAVING | | | |

| | | | | |
|--|---|-----------|-------|----------|
| FOR THIS ADDRESS I WAS THE <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER (EXPLAIN) | | | | |
| MOVE-IN DATE | STREET ADDRESS OF UNIT | CITY | STATE | ZIP CODE |
| MOVE-OUT DATE | NAME OF <input type="checkbox"/> OWNER, <input type="checkbox"/> MANAGEMENT COMPANY, <input type="checkbox"/> APARTMENT COMPLEX | TELEPHONE | | |
| MONTHLY RENT OR PAYMENT | REASON FOR LEAVING | | | |

AUTOMOBILES

| | | | | | | |
|------|-------|------|-------|-------------|-------------|---------------|
| MAKE | MODEL | YEAR | COLOR | LICENSE NO. | LEGAL OWNER | INSURANCE CO. |
| MAKE | MODEL | YEAR | COLOR | LICENSE NO. | LEGAL OWNER | INSURANCE CO. |

| | | |
|---|--|----|
| HOW DID YOU KNOW OF THIS VACANCY? | IF ACCEPTED, HOW LONG DO YOU EXPECT TO STAY? | |
| DO YOU HAVE OR DO YOU INTEND TO GET ANY WATER FILLED FURNITURE INCLUDING AQUARIUMS? | YES | NO |
| DO YOU HAVE OR DO YOU INTEND TO GET ANY PETS? | YES | NO |
| HAVE YOU FILED FOR BANKRUPTCY IN THE PAST TEN YEARS? | YES | NO |
| DO YOU OR ANYONE IN YOUR HOUSEHOLD SMOKE ANY SUBSTANCE? | YES | NO |
| HAS ANY CIVIL JUDGMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST TEN YEARS? | YES | NO |
| HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON? | YES | NO |
| HAVE YOU EVER BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY OR MISDEMEANOR? | YES | NO |
| HAVE YOU EVER POSSESSED, SOLD, OR USED ILLEGAL DRUGS OR NARCOTICS IN YOUR RESIDENCE? | YES | NO |
| HAVE YOU EVER LIVED HERE BEFORE OR DO YOU KNOW ANYONE LIVING HERE NOW OR IN THE PAST? | YES | NO |
| IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN FULLY: | | |
| | | |