

**PERSONAL INFORMATION - Please note that if all the correct requested information is not given, it will result in the denial of your application.**

NAME: FIRST	MIDDLE	LAST	GENERATION	BIRTH DATE	SOCIAL SECURITY	DRIVERS LICENSE # AND ISSUEING STATE
OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN				HOME TELEPHONE	WORK TELEPHONE	ALTERNATE TELEPHONE

**EMPLOYMENT HISTORY (3 YEARS)**

EMPLOYER	ADDRESS	POSITION OR TYPE OF WORK	EMPLOYMENT PERIOD	SUPERVISOR	SALARY OR WAGE
NAME	STREET		FROM	NAME	
	CITY, ST, ZIP		TO	TELEPHONE	
NAME	STREET		FROM	NAME	
	CITY, ST, ZIP		TO	TELEPHONE	
NAME	STREET		FROM	NAME	
	CITY, ST, ZIP		TO	TELEPHONE	

**OTHER INCOME**

SOURCE	AMOUNT	DATE BEGAN	CONTACT NAME	TELEPHONE
SOURCE	AMOUNT	DATE BEGAN	CONTACT NAME	TELEPHONE

**PERSONAL REFERENCES (NOT RELATED TO YOU)**

NAME	ADDRESS	TELEPHONE	OCCUPATION	HOW LONG AQUAINTED
NAME	ADDRESS	TELEPHONE	OCCUPATION	HOW LONG AQUAINTED

**NEAREST RELATIVE (NOT LIVING WITH YOU)**

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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**IN CASE OF EMERGENCY NOTIFY**

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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**RESIDENCE HISTORY (5 YEARS)** *Please note that if all the correct requested information is not given, it could result in the denial of your application.*

STREET ADDRESS OF UNIT	MOVE-IN DATE	MONTHLY RENT	NAME OF OWNER OR MANAGER	REASON FOR LEAVING
CITY, STATE, ZIP	MOVE-OUT DATE		TELEPHONE	
STREET ADDRESS OF UNIT	MOVE-IN DATE	MONTHLY RENT	NAME OF OWNER OR MANAGER	REASON FOR LEAVING
CITY, STATE, ZIP	MOVE-OUT DATE		TELEPHONE	
STREET ADDRESS OF UNIT	MOVE-IN DATE	MONTHLY RENT	NAME OF OWNER OR MANAGER	REASON FOR LEAVING
CITY, STATE, ZIP	MOVE-OUT DATE		TELEPHONE	
STREET ADDRESS OF UNIT	MOVE-IN DATE	MONTHLY RENT	NAME OF OWNER OR MANAGER	REASON FOR LEAVING
CITY, STATE, ZIP	MOVE-OUT DATE		TELEPHONE	

**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?	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?	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:		