



Unfurnished Rental Application

Provide copy of Driver's license and/or copy of Passport with application

Please fill out completely

Name of Applicant: _____ Date of Birth _____

Social Security No.: _____ Drivers License No.: _____

Present Address: _____ City _____

State _____ Zip _____ Years There: _____ Rent \$ _____

Reason For Leaving _____

Landlord Name : _____ Landlord Phone: _____

Prior Address: _____ City _____

State _____ Zip _____ Years There: _____ Rent \$ _____

Reason For Leaving _____

Landlord Name : _____ Landlord Phone: _____

Your Home Phone No: _____,

Cell _____

Work No: _____

Email address: _____

Adults _____ Children _____ Pets _____ (What Kind)? _____ lbs. _____

Employer _____ Position _____

How Long? _____ Address: _____

Telephone: _____ Salary: _____ (mo./ weekly/ annually?) circle one

Bank Info: Name: _____ Address & Telephone: _____

Checking Acct. No. _____ Savings Acct. No. _____

PERSONAL REFERENCES:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____

Number of vehicles (including Company Cars) _____

Make/Model _____ Year _____ Color _____ Tag No _____ State _____
Make/Model _____ Year _____ Color _____ Tag No _____ State _____

Have you ever:

Filed for bankruptcy? Yes ___ No _____ If yes, when _____

Been served an eviction notice or been asked to vacate a property you were renting? Yes _ No _

Willfully or intentionally refused to pay rent when due? Yes _____ No ___ If yes, when? _____

How were you referred to us? _____ Newspaper _____ Friend _____ Other _____

Rental unit applied for _____

Commencement Date _____ **Term** _____ **Rent/Month** _____

I declare the foregoing information is true and correct.

I hereby authorize you to investigate all information supplied on this application and further authorize full disclosure of all pertinent facts that may be made to substantiate this application.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Total Deposit of Apt \$ _____

Pet Deposit (if any) \$ _____

Monies Received on _____ for \$ _____

Monies Due prior to Occupancy \$ _____

SPOUSE INFORMATION (IF APPLICABLE)

Name _____ Birth Date _____

Social Security No.: _____ Drivers License No.: _____

Employer: _____ Position: _____

How Long?: _____ Address: _____

Telephone: _____ Salary: _____ (mo./weekly/annually) circle one

CREDIT CHECK CONSENT

I, the undersigned consumer, direct WELLS FARGO HOME LENDING, INC. To obtain a copy of my credit report. This consent shall automatically expire thirty (30) days from the date of my signature below.

Print Name

Social Security Number

Signature / Date

Print Name (if Spouse, if not use separate Form for each customer)

Social Security Number

Signature / Date