

RENTAL APPLICATION

COMMUNITY		APP FEE \$ \$30.00	MONTHLY RENT \$	APPLICATION TAKEN BY
APT. NUMBER		APT. TYPE	CONCESSION (IF ANY)	LENGTH OF LEASE TERM
NAME OF APPLICANT				DATE OF BIRTH
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE
HOME PHONE	MOBILE PHONE/PAGER		WORK PHONE	
PRESENT RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE	
PRESENT LANDLORD NAME/MORTGAG		LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME/MORTGAG		PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME/MORTGAG		PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS			CITY, STATE, ZIP CODE	
PREVIOUS LANDLORD NAME/MORTGAG		PREVIOUS LANDLORD PHONE NUMBER	LENGTH OF RESIDENCY	RENT/MORT. \$
PREVIOUS RESIDENCE/ADDRESS		CITY, STATE, ZIP CODE		
REFERRED TO US BY	PETS OWNED TYPE _____ LBS _____	TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT	DATE APT. NEEDED	
DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? YES NO				
IF YES, EXPLAIN _____				
SPOUSE INFORMATION				
SPOUSE NAME			DATE OF BIRTH	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE
PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT				
NAME		RELATIONSHIP		
EMPLOYMENT INFORMATION				
APPLICANT			SPOUSE	
EMPLOYER	POSITION		EMPLOYER	POSITION
ADDRESS	PHONE NUMBER		ADDRESS	PHONE NUMBER
MONTHLY INCOME \$	PERIOD OF EMPLOYMENT	SUPERVISOR	MONTHLY INCOME \$	PERIOD OF EMPLOYMENT SUPERVISOR
OTHER SOURCES OF INCOME		CURRENT ANNUAL INCOME	OTHER SOURCES OF INCOME CURRENT ANNUAL INCOME	
PREVIOUS EMPLOYER	POSITION		PREVIOUS EMPLOYER	POSITION
ADDRESS	PHONE NUMBER		ADDRESS	PHONE NUMBER
PERIOD OF EMPLOYMENT	SUPERVISOR		PERIOD OF EMPLOYMENT	SUPERVISOR

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FINANCIAL INFORMATION				
BANK REFERENCE	SAVINGS ACCOUNT(S)	ACCOUNT NUMBER		
	CHECKING ACCOUNT(S)	ACCOUNT NUMBER		
AUTO LOANS	FINANCED WITH:	ACCOUNT NUMBER		
	FINANCED WITH:	ACCOUNT NUMBER		
CHARGE ACCOUNTS	NAME	ACCOUNT NUMBER		
	NAME	ACCOUNT NUMBER		
AUTOS OWNED	MAKE & YEAR	LICENSE NUMBER		
	MAKE & YEAR	LICENSE NUMBER		
EMERGENCY CONTACT INFORMATION				
EMERGENCY CONTACT (1)		RELATIONSHIP	COMPLETE ADDRESS	PHONE NUMBER
EMERGENCY CONTACT (2)		RELATIONSHIP	COMPLETE ADDRESS	PHONE NUMBER
<p>The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$_____ (the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done by Tenant Check, Inc and may include but is</p>				
APPLICANTS SIGNATURE		DATE	SPOUSE'S SIGNATURE	DATE



EQUAL HOUSING OPPORTUNITY
Rev. 5/02

