



License No.: \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License No.: \_\_\_\_\_  
D.O.B. \_\_\_\_\_

No. of occupants: Adults: \_\_\_\_\_ Children: \_\_\_\_\_  
Water bed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Pets: Yes \_\_\_\_\_ No \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
How long at present address: \_\_\_\_\_  
Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current rent payment: \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_  
How long at prior address: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Rent payment: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

SOURCES OF INCOME:  
Wages \$ \_\_\_\_\_  
Salary \$ \_\_\_\_\_  
Commission \$ \_\_\_\_\_  
Tips \$ \_\_\_\_\_  
Gov't assistance \$ \_\_\_\_\_  
Child support/Alimony \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

CURRENT EMPLOYER:  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ How long: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
Annual Income: \_\_\_\_\_

PRIOR EMPLOYER:  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ How long: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
Annual Income: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

CREDIT REFERENCES:

Credit Card Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Credit limit: \_\_\_\_\_

Balance owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Year Issued: \_\_\_\_\_

Do you own real estate?

Yes \_\_\_ No \_\_\_ If yes, please explain where:

\_\_\_\_\_

Have you ever been evicted from any rental premises?

Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Have you ever willfully and intentionally refused to pay rent when due?

Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Are there any circumstances which may interrupt your income or ability to pay rent?

Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Have you ever been convicted of a felony?

Yes \_\_\_ No \_\_\_ If yes, please explain:

IF A SECOND ADULT WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE A SEPARATE RENTAL APPLICATION FORM.

Please provide names of other tenants, including children and anyone who will live with you, even if on a temporary basis.

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Adult: \_\_\_ Child's Age: \_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Adult: \_\_\_ Child's Age: \_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ School: \_\_\_\_\_

I represent that the information provided in this Application is true and correct to the best of my knowledge. Birdd Properties/Four Seasons Property & Account Management is authorized to verify the references and employment information given in this Application and to request a credit check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**CONSENT TO PERFORM CREDIT, BACKGROUND & REFERENCE CHECKS**

I, \_\_\_\_\_, (rental applicant), authorize and permit \_\_\_\_\_, (rental owner / manager) to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above.

I further authorize and permit the rental owner or manager to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

Thanks to all parties for your cooperation with this matter.

Rental Applicant (signature) \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_