

DragonsReach Apartments

Rental Unit:

Address of Rental Unit Tenant is Applying For: Apartment 5

Personal Information:

First Name: _____ M.I.: _____ Last Name: _____
Social Security #: _____
Home Phone #: () _____ Alternate Phone #:() _____ Best Time To Call: _____
E-mail Address: _____
Driver's License #: _____ State Issued: _____ Expires: _____

Rental History:

Please list the past three addresses or past five years. Attach add'l pages if needed.

Current Address: _____
City: _____ State: _____ Zip: _____
How long at this address: _____ Manager / Owner's Name: _____ Phone #:() _____

Current Address: _____
City: _____ State: _____ Zip: _____
How long at this address: _____ Manager / Owner's Name: _____ Phone #:() _____

Current Address: _____
City: _____ State: _____ Zip: _____
How long at this address: _____ Manager / Owner's Name: _____ Phone #:() _____

Employment History:

Please list for the past five years, attach additional pages if needed.

Present Employer (Company): _____
Your Position: _____
How Long: _____ Supervisor's Name: _____
Phone: () _____
Street Address: _____
City: _____ State: _____ Zip: _____

Previous Employer (Company): _____
Your Position: _____
How Long: _____ Supervisor's Name: _____
Phone: () _____
Street Address: _____
City: _____ State: _____ Zip: _____

Previous Employer (Company): _____
Your Position: _____
How Long: _____ Supervisor's Name: _____
Phone: () _____
Street Address: _____
City: _____ State: _____ Zip: _____

Financial History:

Present Income: \$_____ per month or \$_____ Annually
Any Additional Income:\$_____ If there are other sources, please list:_____

Roommates:

Names of persons that will be occupying the apartment (only minors will not be required to fill out an application):

Name:_____ Relationship to you:_____
Name:_____ Relationship to you:_____
Name:_____ Relationship to you:_____

Personal References:

Reference 1 Name:_____
Address:_____
City:_____ State: _____ Zip: _____
Relationship to you:_____ Years Known:_____
Occupation:_____ Phone()_____

Reference 2 Name:_____
Address:_____
City:_____ State: _____ Zip: _____
Relationship to you:_____ Years Known:_____
Occupation:_____ Phone()_____

Reference 3 Name:_____
Address:_____
City:_____ State: _____ Zip: _____
Relationship to you:_____ Years Known:_____
Occupation:_____ Phone()_____

Vehicle Information:

Vehicle 1 Make:_____ **Model:**_____
Year:_____ **License Plate #:**_____ **State:**_____
My vehicle is currently Registered and Insured : Yes No

Vehicle 1 Make:_____ **Model:**_____
Year:_____ **License Plate #:**_____ **State:**_____
My vehicle is currently Registered and Insured : Yes No

Applicant Signature:

Applicant represents that all the above statements and true and correct and hereby authorizes verification of the above statements and information including but not limited to the obtaining of a credit report and criminal background report and applicant agrees to furnish additional information on request.

Application Fee of \$25.00

Applicant's Signature:_____ Date:_____
Amount of Deposit (if any) Received with application: \$_____ Date:_____