DragonsReach Apartments

Rental Unit:

Address of Rental Unit Tenant is Applying For: _____Apartment 9_____
_____

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:_____