

**RENTAL APPLICATION**

Please note: In order to process your application as quickly/efficiently as possible, please supply all requested information. Credit information is and will remain confidential and will be used for our internal review only.

**Date of Application:** \_\_\_\_\_

**Preferred Location (Village/School name):** \_\_\_\_\_

**Number of Bedrooms Required (check one):** studio one two three four+

Target Move-in Date: \_\_\_\_\_ Target rent: \$ \_\_\_\_\_ per \_\_\_\_\_

Address being applied for: \_\_\_\_\_

Have pets?: Yes No Type: \_\_\_\_\_

**Applicant 1:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street Apt.# City State Zip

Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Driver's license #/ \_\_\_\_\_ State \_\_\_\_\_ Veteran: Yes No

Present Landlord: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street Apt.# City State Zip

Previous Landlord: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street Apt.# City State Zip

**Have you ever been evicted?** Yes No If so, when? \_\_\_\_\_

**Do you receive assistance (Section 8, DSS, etc)?** Yes No

**If yes, Amount:** \_\_\_\_\_ **Case worker Name** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employer address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street City State Zip

**Supervisor:** \_\_\_\_\_ **Weekly pay:** \_\_\_\_\_ (excluding seasonal overtime)

**Previous Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Previous Employer address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street City State Zip

**Previous Supervisor:** \_\_\_\_\_ **Weekly pay:** \_\_\_\_\_ (excluding seasonal overtime)

**Closest Relative:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Street City State Zip

**Bank Name:** \_\_\_\_\_ **Branch address:** \_\_\_\_\_

**Who else will be living with you?**

First/Last Name	Age	Relationship

**Applicant 2:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street Apt.# City State Zip

**Social Security Number:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Driver's license #/** \_\_\_\_\_ **State** \_\_\_\_\_ **Veteran:**  Yes  No

**Present Landlord:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street Apt.# City State Zip

**Previous Landlord:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street Apt.# City State Zip

**Have you ever been evicted?**  Yes  No **If so, when?** \_\_\_\_\_

**Do you receive assistance (Section 8, DSS, etc)?**  Yes  No

**If yes, Amount:** \_\_\_\_\_ **Case worker Name** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employer address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street City State Zip

**Supervisor:** \_\_\_\_\_ **Weekly pay:** \_\_\_\_\_ (excluding seasonal overtime)

**Previous Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Previous Employer address:** \_\_\_\_\_ **How Long:** \_\_\_\_\_  
Street City State Zip

**Previous Supervisor:** \_\_\_\_\_ **Weekly pay:** \_\_\_\_\_ (excluding seasonal overtime)

**Closest Relative:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

**Bank Name:** \_\_\_\_\_ **Branch address:** \_\_\_\_\_

**Pets (with written landlord approval only)**

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Number: \_\_\_\_\_

**Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize Blue Top Management, LLC or any credit bureau or investigative agency employed by Blue Top Management, LLC, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

If approved, applicant shall, within 10 days following notification of approval, sign landlord's standard lease for the premises applied for. If the applicant or guarantor fails to sign the lease within this time frame, landlord shall assume this agreement null and void and applicant shall forfeit deposit fee in full. Applicant agrees that at or before the signing of the lease the security deposit shall be paid in full.

Applicant 1: \_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2: \_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_

Guarantor: \_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_

**Guarantor, if required, shall furnish name, address, social security, employment, and credit reference information below or on back of this form**

Guarantor Name: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street Apt.# City State Zip

Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street City State Zip