

**APPLICATION TO RENT - please print clearly**

Apartment Applying for: \_\_\_\_\_ Apt# \_\_\_\_\_ Move In: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Date of birth: Applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Co-Applicant \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License # Applicant \_\_\_\_\_ State \_\_\_\_\_  
Co-Applicant \_\_\_\_\_ State \_\_\_\_\_

**CURRENT ADDRESS INFORMATION**

Street name and number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If current address is less than 3 years)

Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**CURRENT LANDLORD INFORMATION :**

Property Name or Property Management \_\_\_\_\_

Landlord or Contact Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Landlord Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Monthly Rental Amount \_\_\_\_\_  
Lived at residence from \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Employer/Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Start Date/Length of Employment \_\_\_\_\_

**Co-Applicant:**

Employer/Company Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Start Date/Length of Employment \_\_\_\_\_

**BANK INFORMATION**

Name of Bank \_\_\_\_\_  
Account number \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** - In case of emergency please notify

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Have you ever filed for Bankruptcy ? \_\_\_\_\_  
Have you ever been evicted ? \_\_\_\_\_

I/We confirm that all the information supplied is true and correct. I/we understand that I/we can be turned down for the apartment if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information by Able Screening Service including my credit, criminal background, rental history, check writing and employment history including salary.

**Applicant's Signature** \_\_\_\_\_ date \_\_\_\_\_

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

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FOR OFFICE USE ONLY: CALL ABLE SCREENING SERVICE AT 415-353-0744  
OR FAX TO 415-449-3599 TO PROCESS THIS APPLICATION. THE COMPLETED  
APPLICATION SHOULD BE KEPT ON FILE FOR 2 YEARS REGARDLESS OF  
ACCEPTANCE OR DENIAL.  
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