

CREEL PROPERTIES RENTAL APPLICATION

Application Date:	SCDL or ID#	Lot #
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APPLICANT INFORMATION

LEGAL NAME OF APPLICANT – LAST		FIRST	MIDDLE	SS#
CURRENT ADDRESS			CITY	STATE and ZIP
DATE OF BIRTH	HOME/WORK PHONE	CELL PHONE		OCCUPATION – Full or Part Time
EMPLOYER			EMPLOYER CONTACT NUMBER	
HOW LONG ON JOB	MONTHLY INCOME	EVER CONVICTED OF FELONY? If yes, explain on separate sheet		
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE	
CURRENT RENT	AUTO COLOR, MAKE & MODEL	EMERGENCY CONTACT		

CO - APPLICANT INFORMATION

NAME OF CO APPLICANT – LAST		FIRST	MIDDLE	SS#
CURRENT ADDRESS			CITY	STATE and ZIP
DATE OF BIRTH	HOME/WORK PHONE	CELL PHONE		OCCUPATION
EMPLOYER			EMPLOYER CONTACT NUMBER	
HOW LONG ON JOB	MONTHLY INCOME	EVER CONVICTED OF FELONY? If yes, explain on separate sheet.		
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE	
CURRENT RENT:	AUTO COLOR, MAKE & MODEL	EMERGENCY CONTACT		

REFERENCES (RELATIVE OR FRIEND)

NAME	RELATION	PHONE
1.		
2.		
3.		
4.		

MARITAL STATUS

PLEASE CIRCLE ONE: **MARRIED** **SINGLE** **SEPARATED** **DIVORCED** **WIDOWED**

PETS? IF YES, WHAT KIND, HOW MANY and SIZE	RENTERS INSURANCE COMPANY & AMOUNT?
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CHILDREN TO BE LIVING IN PROPERTY

NAME	AGE	GENDER
NAME	AGE	GENDER
NAME	AGE	GENDER
NAME	AGE	GENDER

Creel Rental Properties

FINANCIAL INFORMATION				
TOTAL # IN HOUSEHOLD	# WORKING	TOTAL WORK INCOME	ALIMONY	AFDC
		\$	\$	\$
SSI/DISABILITY	EBT	CHILD SUPPORT	OTHER INCOME	TOTAL HOUSEHOLD INCOME
\$	\$	\$	\$	\$
OUTSTANDING DEBT				
CREDITOR	MONTHLY PYMT	BALANCE	ORIGINAL AMT	DATE ORIGINATED
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
APPLICANT PAST WORK HISTORY				
DATES EMPLOYED	COMPANY	ADDRESS	PHONE #	
DATES EMPLOYED	COMPANY	ADDRESS	PHONE #	
DATES EMPLOYED	COMPANY	ADDRESS	PHONE #	
CO-APPLICANT PAST WORK HISTORY				
DATES EMPLOYED	COMPANY	ADDRESS	PHONE #	
DATES EMPLOYED	COMPANY	ADDRESS	PHONE #	
DATES EMPLOYED	COMPANY	ADDRESS	PHONE #	
YOUR CREDIT HISTORY				
Have you ever been evicted from a rental residence?		Yes _____ No _____		
Have you had two or more late rental payments in the past year?		Yes _____ No _____		
ADDITIONAL INFORMATION: Please give any additional information that might help the management evaluate your application.				
APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)				
Security Deposit: \$ _____ Date: _____				

DEPOSITS ARE NON-REFUNDABLE prior to completion of a lease term. If remaining balance of rent is not paid within seven (7) days from the date of deposit, the property may be placed back on the market and deposit forfeited. Deposit and rent must be paid in full prior to lease signing and moving into the property.

I recognize that as a part of the procedure for processing my application, an investigative report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law. I/We hereby warrant that all representations set forth above are true. I direct those persons named in this application to ask questions about me or us for verification. I waive all rights of actions for consequences as a result of such information.

Applicant Signature

Date

Co Applicant Signature

Date