

MNP LLC REALTY
Application for Occupancy
- Tenant/Applicant Information -
Equal Housing Opportunity

Date: _____

The undersigned hereby makes an application to rent premises located at:

Anticipated move in date of _____, 20____ at a total monthly rent of \$_____ and security deposit of \$_____

The following Address / Credit / References / Employment History is for:

Tenant/Applicant & Co-Applicant Spouse Parent/Guardian

PLEASE TELL US ABOUT YOURSELF

Tenant/Applicant's Full Name: _____

Please list any Alias: _____

Date of Birth: (mm/dd/yyyy) _____ Social Security #: _____ - _____ - _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

CO-APPLICANT / SPOUSE / PARENT / GUARDIAN

Co-Applicant/Spouse/Parent/Guardian's Full Name: _____

Please list any Alias: _____

Date of Birth: (mm/dd/yyyy) _____ Social Security #: _____ - _____ - _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address: _____

City: _____ State: _____ Zip: _____

Month/Year Moved In: _____ Rent \$: _____

Landlord/Mortgage Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____

Reasons for Leaving: _____

(If you have lived at your current address for less than three years, please list your previous address.)

Previous Address: _____

City: _____ State: _____ Zip: _____

Month/Year Moved In: _____ Rent \$: _____

Landlord/Mortgage Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____

Reasons for Leaving: _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

	Tenant		Co-Applicant/ Spouse/Parent/ Guardian	
Have you declared bankruptcy in the past seven (7) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a rental residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had two or more late rental payments in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever willfully or intentionally refused to pay rent when due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain any "Yes" answers above.

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: Full Time Part Time Student Unemployed

Current Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____

Position: _____

Supervisor's Name: _____ Phone: _____

Salary \$ _____ per _____.

(If employed by above less than 12 months, give name & phone of previous employer or school.)

Previous Employer/School: _____ Phone: (____) _____

CO-APPLICANT / SPOUSE / PARENT / GUARDIAN EMPLOYMENT INFORMATION

Employment Status: Full Time Part Time Student Unemployed

Current Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____

Position: _____

Supervisor's Name: _____ Phone: _____

Salary \$ _____ per _____.

OTHER SOURCES OF INCOME

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$: _____ Source/Contact Name: _____

OTHER HOUSEHOLD MEMBERS

Please list the names of any other household members who will be residing on the property.

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

PETS

Will there be any pets? Yes No

If yes, what is the Breed _____ Size _____

PLEASE LIST YOUR EMERGENCY CONTACTS

1. Name: _____ Phone: () _____

Address: _____ Relationship: _____

2. Name: _____ Phone: () _____

Address: _____ Relationship: _____

PLEASE LIST YOUR REFERENCES

- 1. Name: _____ Phone: () _____
Address: _____ Relationship: _____
- 2. Name: _____ Phone: () _____
Address: _____ Relationship: _____
- 3. Name: _____ Phone: () _____
Address: _____ Relationship: _____

ADDITIONAL PERSONAL INFORMATION FOR VERIFICATION

Tenant/Applicant's Driver's License Information (Please provide a photocopy of your license):

Driver's License Number: _____ State: _____
Vehicle Information: Make / Model _____
Year: _____ License Plate #: _____ State: _____

Co-Applicant / Spouse / Parent / Guardian Driver's License Information (Please provide a photocopy of your license):

Driver's License Number: _____ State: _____
Vehicle Information: Make / Model _____
Year: _____ License Plate #: _____ State: _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

APPLICANT CERTIFIES THE ABOVE INFORMATION IS TRUE AND ACCURATE AND UNDERSTANDS THAT FALSE OR INACCURATE INFORMATION SHALL BE CAUSE FOR PROPER ACTION OF THIS APPLICATION OR TERMIANTION OF ANY SUBSEQUENT RENTAL AGREEMENTS. IWE ARE THE ONLY PERSONS WHO WILL RESIDE IN THE ASSIGNED UNIT AND THIS WILL BE OUR ONLY PLACE OF RESIDENCE IF THIS APPLICATION IS APPROVED. APARTMENT OWNER OR AGENTS MAY VERIFY ALL INFORMATION GIVEN ABOVE AND OTHER PERTINENT BACKGROUND INFORMATION DIRECTLY OR THROUGH REPORTING AGENCIES. ACCEPTANCE OF THE APPLICATION IS NOT BINDING ON APARTMENT OWNER OR AGENT UNTIL APPROVED IN WRITING.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Name of Tenant/Applicant Date

Please sign: X _____
Name of Co-Applicant/Spouse/Parent/Guardian Date

**AUTHORIZATION
Release of Information**

I agree to permit an investigation of my credit, tenant history, and employment for the purposes of renting an apartment/room with this owner/manager.

Tenant/Applicant Name (please print)

X _____
Signature Date

Co-Applicant/Spouse/Parent/Guardian (please print)

X _____
Signature Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Reservation Deposit of \$ _____ Received by _____
Date _____

In the process of application that the applicant is not approved, the reservation deposit will be refunded. In the event that the application is approved, the reservation deposit will not be non-refundable within 72 hours of notification of approval.

OFFICE NOTES: