

Robin's Place, LLC

Rental Application

Equal Housing Opportunity

Anticipated Move In Date: _____

Application for Unit #: _____

Applicant #1

Full Name:	DOB:	
Home Phone:	Cell Phone:	SS#:
Dependents and DOB:		
Email:		

Applicant #2

Full Name:	DOB:	
Home Phone:	Cell Phone:	SS#:
Dependents and DOB:		
Email:		

Current Address

Street:	City:	State:	Zip:
How Long:	Reason For Leaving:		
Owner/Agent:	Phone:		

Previous Address

Street:	City:	State:	Zip:
How Long:	Reason For Leaving:		
Owner/Agent:	Phone:		

Credit History

Have you declared bankruptcy in the past seven (7) years?	Yes	No
Have you ever been evicted from a rental residence?	Yes	No
Have you ever willingly or intentionally refused to pay rent when due?	Yes	No
Have you had two or more late rental payments in the past year?	Yes	No

Employment History

Status: Full Time	Part Time	Student	Unemployed	Phone:
Employer:			Supervisor:	
Salary: \$	per	Other Income:		

Employment History

Status: Full Time	Part Time	Student	Unemployed	Phone:
Employer:			Supervisor:	
Salary: \$	per	Other Income:		

PHONE

EMAIL

WEB

Personal Reference or Emergency Contact

Name:	Address:
Phone:	Relationship:

Driver's License

DL #:	State:
DL #:	State:

Vehicle Information

Make/Model:	Year:	License State:
Make/Model:	Year:	License State:

In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this rental or lease, whether determination is made before or after my date of occupancy, may be affected. I do hereby authorize with my (our) signature, the release of Public Records, Credit Report, rental or lease information, and employment verification, whether by fax, photocopy, email, or original signature.

Signature

Date

Signature

Date

*** Please attach with application a copy of your driver's license or picture ID and latest paystub from a payroll check.