



Rental Application Form

Unit Applying For: _____ Move in: ___/___/___

Applicant's Name: _____ SS# _____-_____-_____

Phone # (____) _____ DOB: ___/___/___

Dr. Lic or State Issued ID # _____ State _____

Current Address _____ City _____ St _____ Zip _____

(If current address is less than 3 years):

Previous Address _____ City _____ St _____ Zip _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If YES, please explain:

Current Landlord Information:

Property Name or Property Management Company _____

Landlord or Contact Name _____ Phone # (____) _____

Landlord Address: _____ City _____ St _____ Zip _____

Monthly Rental Amt: _____ Resided on Premises From: _____ To: _____

Employment Information:

Employer/Company Name _____

Address _____ City _____ St _____ Zip _____

Supervisor's Name _____ Phone # (____) _____

Position _____ Salary \$ _____ Start Date/Length of Employment _____

I confirm that all of the above information supplied is true and correct. I understand that I can be turned down for the unit if I have falsified any information on this application. I hereby authorize the verification of all above information by ATS, Inc., including my credit, housing court filings, rental, check writing, employment history including salary, and criminal background.

Applicants Signature _____ Date _____

