

Rental Application for the Iliad Apartments

Date: Mo \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other # \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

S.S.# \_\_\_\_\_ Identification #: \_\_\_\_\_ Type: \_\_\_\_\_

**Please provide a picture ID issued by a state or national entity.**

Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Visual proof of identification: Yes - No

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Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Property: \_\_\_\_\_ Apt #: \_\_\_\_\_ Mgr Pho.#: \_\_\_\_\_ Mgr Name: \_\_\_\_\_

Tenancy Length: \_\_\_\_\_ From: Month: \_\_\_\_\_ Year: \_\_\_\_\_ To; Month: \_\_\_\_\_ Year: \_\_\_\_\_ Rent \$ \_\_\_\_\_

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

Name of Property: \_\_\_\_\_ Apt #: \_\_\_\_\_ Mgr Pho.#: \_\_\_\_\_ Mgr Name: \_\_\_\_\_

Tenancy Length: \_\_\_\_\_ From: Month: \_\_\_\_\_ year: \_\_\_\_\_ To; Month: \_\_\_\_\_ Year \_\_\_\_\_ Rent \$ \_\_\_\_\_

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Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date: Mo: \_\_\_\_\_ Year: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Mo. Salary: \$ \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date: Mo: \_\_\_\_\_ Year: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Mo. Salary: \$ \_\_\_\_\_

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Bank Name: \_\_\_\_\_ Checking Acct.#: \_\_\_\_\_ Savings Acct.#: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking Acct.#: \_\_\_\_\_ Savings Acct.#: \_\_\_\_\_

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Have you ever been convicted of a criminal offense: \_\_\_\_\_ Filed bankruptcy: \_\_\_\_\_ Been evicted: \_\_\_\_\_

If yes on any, please  
explain: \_\_\_\_\_

*Vehicle information*

Description Of Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Description Of Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

*List all Household Members Who Will Live in Rented Premises:*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

*Emergency Contact information*

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Pho: \_\_\_\_\_ Pho: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Pho: \_\_\_\_\_ Pho: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Pho: \_\_\_\_\_ Pho: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Pho: \_\_\_\_\_ Pho: \_\_\_\_\_

The Premises are leased for a term of twelve months { one year }

Apartment # \_\_\_\_\_ Rent per month: \$ \_\_\_\_\_ Parking Per Month \$ \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

**Applicant's Signature:**

**Disclosure / Agreement / Consent**

I declare that all information listed on this application is true and accurate and understand that any information found to be false may be grounds for rejection of occupancy. I authorize you to conduct an employment/credit check or any other sources required concerning my application and to verify all references. I understand I acquire no rights to an apartment until this application is approved, a lease agreement is signed and the appropriate deposit has been transferred.

I understand that any deposit submitted to hold an apartment is non-refundable.

Application Approved By: \_\_\_\_\_ DATE: \_\_\_\_\_