



RENTAL APPLICATION (\$25.00 NONFUNDABLE FEE)

Applying for: 1 bedroom apt 2 bedroom apt 3 bedroom apt House



ALL sections of this application must be filled out to be processed.

1. PERSONAL INFORMATION

First Name _____ Middle: _____ Last: _____ DOB: _____
Street Address (As shown on drivers license): _____
Social Security Number: _____ Home #: _____ Cell #: _____
Driver's License Number: _____ State Issued: _____ Email: _____
Marital Status: Married Single Divorced Widowed Separated Student: No Yes Anticipated graduation: _____
Are you cosigning for someone (Y/N) _____ If Y, who? _____

2. RESIDENTIAL HISTORY

Current Address (where you live now): _____ City: _____ St: _____ Zip: _____
Rent Own Dates at this address: _____ Monthly Payment or Rent: _____
If rented: Manager/Owner's Name: _____ Phone Number: _____
Reason for leaving: _____

Previous Address: _____ City: _____ St: _____ Zip: _____
Rent Own Dates at this address: _____ Monthly Payment or Rent: _____
If rented: Manager/Owner's Name: _____ Phone Number: _____

3. EMPLOYMENT HISTORY

NOTE: List All Current Employers and at Least 1 Previous Employer. Proof of all Income (pay stubs, etc) must be attached to process application.

Current Employer: _____ Your Position: _____
Employer Address: _____ City: _____ St: _____ Zip: _____
Supervisor: _____ Supervisor Phone #: _____ Email: _____
Date you began: _____ Hourly Salaried Hours Per Week: _____
Amount Paid: _____ Hourly Weekly Monthly Yearly Pay Stub/Proof of Current Income Attached

Previous Employer: _____ Your Position: _____
Employer Address: _____ City: _____ St: _____ Zip: _____
Supervisor: _____ Supervisor Phone #: _____ Email: _____
Date you began: _____ Date you ended: _____ Hourly Salaried Hours Per Week: _____
Amount Paid: _____ Hourly Weekly Monthly Yearly Pay Stub/Proof of Current Income Attached

Other non-work income you want considered. Please explain: _____

4. OTHER OCCUPANTS (continue on separate page if more than four)

EVERYONE OVER 18 YEARS OF AGE MUST FILL OUT A SEPARATE APPLICATION AND BE ADDED TO THE LEASE

Name: _____ Relationship to you: _____ Age: _____ Phone #: _____
Name: _____ Relationship to you: _____ Age: _____ Phone #: _____
Name: _____ Relationship to you: _____ Age: _____ Phone #: _____
Name: _____ Relationship to you: _____ Age: _____ Phone #: _____

5. PETS

Name: _____ Type/Breed: _____ Spayed/Neutered (Y/N): _____ Age: _____ Weight: _____
Name: _____ Type/Breed: _____ Spayed/Neutered (Y/N): _____ Age: _____ Weight: _____

I understand there is an additional non-refundable pet deposit and monthly pet rent.

6. IN CASE OF EMERGENCY

Name of Person Not Residing With You: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Relationship to you: _____

7. VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Plate #: _____ State: _____ Color: _____

My vehicle is currently registered and insured.

Year: _____ Make: _____ Model: _____ Plate #: _____ State: _____ Color: _____

My vehicle is currently registered and insured.

Apartment parking is first come, first serve and is restricted based on the following:

1 bedroom apartments: 2 vehicles per unit / 2 bedroom apartments: 2 vehicles per unit / 3 bedroom apartments: 3 vehicles per unit

8. QUESTIONNAIRE/PERSONAL HISTORY

Do you currently smoke? Yes No

Do you have renter's insurance? Carrier: _____ Policy: _____ Yes No

Will you be moving any of the following items: waterbed aquarium musical instrument Yes No

Have you or any occupant listed ever been evicted or asked to move out? Yes No

Have you or any occupant listed ever broken a rental agreement or lease contract? Yes No

Have you or any occupant ever filed for bankruptcy? Yes No

Have you or any occupant listed ever been sued for nonpayment of bills or rent? Yes No

Have you or any occupant listed ever been sued for damage to rental property? Yes No

Have you or any occupant listed ever been guilty of a felony? Yes No

Have you or any occupant listed ever been arrested for a felony that has not been finally adjudicated (by dismissal, acquittal or conviction)? Yes No

Are you or any person who will occupy the unit a Registered Sex Offender? Yes No

If Yes: Date and Location of Registration: _____

Please use separate page to indicate the year, location and type of each felony. We may need to discuss more facts before making a decision.

Past credit problems you want to explain (use separate page): Yes No

How were you referred (check all that apply)?:

Stopped by Sign Website: _____ Newspaper: _____ Current SBG Resident (who) _____

9. PRIVACY POLICY

SBG Real Property Professionals, LLC is committed to maintaining the privacy and security of your personal information. During the application process, we collect personal information, including but not necessarily limited to, name, address, phone numbers, email addresses, Social Security number, and birth date. Please know that this information is collected only for our internal reference and will not be disseminated except as required to process the application.

10. APPLICANT SIGNATURE

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a decision. I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature of Applicant: _____ Date: _____

BEFORE TURNING IN THIS APPLICATION, DID YOU REMEMBER:

- To fill out all designated sections of the application required?
- To attach pay stubs/proof of ALL income with this application?
- To sign and date in Section 10?

NOTE: No application will be processed unless it is filled out completely and we have ALL necessary documents required to process the application.

FOR OFFICE USE ONLY	
APPLYING FOR: _____	
PERSON ACCEPTING APPLICATION: _____	DATE: _____
PERSON ENTERING INTO BUILDIUM: _____	DATE: _____
APPLICATION FEE COLLECTED: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	