

LOFTS OF JACKSON

Rental Application Fee: \$ 50.00

Rental Application

Applicant Information:

Full Legal Name: First Name

Middle Name

Last Name

Date of Birth (MM/DD/YYYY)

Social Security #

Driver License /State ID #

()

()

Email Address:

Cell Phone #

Home or Alternate Phone #

List all Other Occupants:

Full Legal Name:

Date of Birth (MM/DD/YYYY)

Relationship to Applicant

Rental History:

(Current)

Address

City

State

Zip Code

Monthly rent \$

Dates of residency (From/To)

Reason for moving

()

Owner/Manager's name

Phone number

(Previous)

Address

City

State

Zip Code

Monthly Rent \$

Dates of Residency (From/To)

Reason for Moving

()

Owner/Manager's Name

Owner/Manager Phone #

Employment History:

Current Employer

Occupation

()

Employer Address

Employer's Phone #

Dates of Employment

\$

Name of supervisor

Monthly Gross Pay

Previous employer

Occupation

()

Employer address

Employer's Phone #

Dates of Employment

\$

Name of supervisor

Monthly Gross Pay

Credit History:

Checking Account

Savings Account

Credit card

Provide Bank Name, Type of Account and Account #

Auto Loan Additional Debt

Bank/Institution

Balance on Deposit or Balance Owed

References:

Name

Phone #

Relationship

1)

2)

3)

General Information:

(Please select)

Have you ever been late or delinquent with rent?

Yes

No

Have you ever been party to a lawsuit?

Yes

No

Do you smoke and/or vape?

Yes

No

Do you have any pets or animals?

Yes

No

Additional Questions:

Why are you moving from your current residence? _____

Is there anything negative in your credit or background check you want to comment on? _____

Agreement & Authorization

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference, and/or background check. I understand that false or lack of information may result in the rejection of this application.

Signature of Applicant:

Date:

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