## Hall Enterprises

## **RENTAL APPLICATION**

Property Management Company

PERSONAL INFORMATION						
Applicant's Full Name:	FIRST	MIDDLE				
Driver's License #:	Cell Phone #:					
Current Employer:		Start Date:				
Employer's Address:		Phone:				
Gross Salary:\$		WEEKLY or MONTHLY (circle one)				
Previous Employer:		Dates:				
Employer's Address:		Phone:				
Gross Salary:\$*Must provide 2 check stubs f	rom the last 60 days*	WEEKLY or MONTHLY (circle one)				
RESIDENCE AND PERSONAL H						
Current Address:						
Current Landlord:						
Amount of Rent:\$	Current Landlord Phor	ne #				
<b>Applicant's</b> Credit Report (Wha	nt will it show?):					
A <b>pplicant's</b> Police Record (Wha	nt will it show?):					
		g evicted or have been evicted from a explain:				
Banking Information Checking Account #:	Bank:	Balance:				
Savings Account #:	Bank:	Balance:				
Dago 1 Hall Enter	nuisas Ing. 245 Iakas Daras	Dwisso Mongory Mills MO (22(2)				

### Hall Enterprises

#### RENTAL APPLICATION

**Property Management Company** 

# **PERSONAL INFORMATION** 2<sup>nd</sup> Applicant's Full Name: LAST FIRST Birth Date:\_\_\_\_\_\_ Social Security #:\_\_\_\_\_ Driver's License #:\_\_\_\_\_ Cell Phone #:\_\_\_\_\_ Current Employer:\_\_\_\_\_\_ Start Date:\_\_\_\_\_ Employer's Address:\_\_\_\_\_\_Phone:\_\_\_ Gross Salary:\$\_\_\_\_\_\_ WEEKLY or MONTHLY (circle one) Previous Employer:\_\_\_\_\_\_ Dates:\_\_\_\_\_ Employer's Address:\_\_\_\_\_ Phone: \_\_\_\_\_ WEEKLY or MONTHLY (circle one) Gross Salary:\$ \*Must provide 2 check stubs from the last 60 days\* **RESIDENCE AND PERSONAL HISTORY** Current Address: Current Landlord: Amount of Rent:\$\_\_\_\_\_Current Landlord Phone #\_\_\_\_\_ 2<sup>nd</sup> Applicant's Credit Report (What will it show?):\_\_\_\_\_ 2<sup>nd</sup> Applicant's Police Record (What will it show?):\_\_\_\_\_ **Evictions:** Are you, any applicants, or other residents being evicted or have been evicted from a previous residence? YES NO (circle one) If yes, please explain: **Banking Information** Checking Account #:\_\_\_\_\_\_ Bank:\_\_\_\_\_\_ Balance:\_\_\_\_ Savings Account #:\_\_\_\_\_ Bank: Balance: Page 2

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<b>OTHER RESI</b>	DENTS LIVI	NG IN HOME			OTHER RESIDENTS LIVING IN HOME						
Name	Rela	tionship	Age	Date of birth	Social Se	ecurity #					
DOES ANYO	NE LISTED (	ON THIS APPL	ICATION SM	IOKE? YES NO (	circle one	)					
				VN PETS? YES N	•	one) 					
<u>ADDITIONA</u>	L INFORMA	<u>TION</u>									
Alternate/Emergency Contact:				Relationship:							
Address:				_ Phone#:							
Number of v	ehicles (incl	uding company	cars):								
MAKE	MODEL	COLOR	YEAR	LICENSE PLA	TE#	STATE					
material fals subsequent l correct. I au	e statement lease. I here thorize you t	made on the ap by make applic to contact refer	oplication wi ation for a re ences that I	true. I/we acknow Il be grounds for t ental home and ce have listed to veri nd any other infor	ermination rtify that th fy employn	of any iis information is nent history,					
Applicant's S	Signature:				Date: _						
2 <sup>nd</sup> Applican	t's Signature	:			Date:						