

Rental Application

Apartment Applying for: _____ Apt# _____ Move in date: ____/____/____

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

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

Phone # (____) _____ (Optional) DOB Appl: ____/____/____ Co-Appl ____/____/____

Dr. Lic Appl. _____ State _____ Co-Appl _____ - _____ State _____

Current Address _____ City _____ St _____ Zip _____

(If current address is less than 3 years)

Previous Address _____ City _____ St _____ Zip _____

Previous Landlord Information (Current Landlord):

Property Name or Property Management Co. _____

Landlord or Contact Name _____ Phone # (____) _____

Landlord Address _____ City _____ St _____ Zip _____

Monthly Rental Amount _____ 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 _____

Co-Applicant:

Employer/Company Name _____

Address _____ City _____ St _____ Zip _____

Supervisor's Name _____ Phone # (____) _____

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

Bank Info

Name of Bank _____

Account number _____

I/We confirm that all the information supplied is true and correct. I/we understand that I/we can be turned down for the apartment if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information by Able Screening Service LLC including my credit, rental, check writing and employment history including salary.

Applicant's Signature _____ DATE _____

Co-Applicant's Signature _____ DATE _____

FOR OFFICE USE ONLY: CALL ABLE SCREENING SERVICE 1-415-353-0744 OR FAX TO 1-415-449-3599 TO PROCESS THIS APPLICATION. THE COMPLETED APPLICATION SHOULD BE KEPT ON FILE FOR 2 YEARS REGARDLESS OF ACCEPTANCE OR DENIAL.
