## Rental Application – \_\_\_\_\_

Applicant Information						
Name:		Driver License no:		State:		
Date of birth:		SSN:		Phone:		
Current address:						
City:		State:		ZIP Code:		
Own Rent (Please circle)	Monthly paym	ent or rent:			How long?	
Employment Information						
Current employer:						
Employer address:				How long?		
Phone:	Supervisor:	Supervisor:		Fax:		
City:	State:		ZIP Code:			
Position:	Hourly Salary (Please circle)		An	nnual income:		
Emergency Contact						
Name of a person not residing with yo	u:					
Address:						
City:	State:		ZIP Co	de:	Phone:	
Relationship:						
Co-applicant Information, or Marri	ed					
Name:		Driver License no:		·	State:	
Date of birth:		SSN:		Phone:		
Current address:						
City:		State:		ZIP Code	:	
Own Rent (Please circle)	Monthly payment or rent:				How long?	
Co-applicant Employment Informat	ion					
Current employer:						
Employer address:				r	How long?	
Phone:	Supervisor:			Fax:		
City:	State:				ZIP Code:	
Position:	Hourly Salar	y (Please circle)	An	nual incom	e:	
References		I				
Current Landlord: (below)		Phone: (below)		2 <sup>nd</sup> Phone: (below)		
				and mi (b. d )		
Personal Reference's – Non-Relative (below)		Phone: (below)		2 <sup>nd</sup> Phone: (below)		
Tauthorize the vorification of the last sur-	idad an et !- e				an af ship numbership. Yester of the	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I also give permission for credit and background information to be released to Sun Country Realtors.						
Claushing of annillands						
Signature of applicant:					Date:	
Signature of co-applicant:					Date:	
Address you are requesting fill in here						