

LEASE APPLICATION

Property Address _____

Rental Term Beginning ____/____/____ and Ending ____/____/____ To last for _____ months

| APPLICANT 1 | | APPLICANT 2 | |
|--------------------------|-----|--------------------------|-----|
| First Name | | First Name | |
| Last Name | | Last Name | |
| Driver License No./State | | Driver License No./State | |
| Cell Phone | | Cell Phone | |
| SSN | DOB | SSN | DOB |
| Phone | | Phone | |
| CURRENT RESIDENCE | | CURRENT RESIDENCE | |
| Address | | Address | |
| City | | City | |
| State/Zip | | State/Zip | |
| Landlord Name | | Landlord Name | |
| Landlord Phone | | Landlord Phone | |
| No. Months Rented | | No. Months Rented | |
| Dates Rented From to | | Dates Rented From to | |
| PREVIOUS RESIDENCE | | PREVIOUS RESIDENCE | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Landlord Name | | Landlord Name | |
| Landlord Phone | | Landlord Phone | |
| No. Months Rented | | No. Months Rented | |
| Dates Rented From to | | Dates Rented From to | |
| CURRENT EMPLOYMENT | | CURRENT EMPLOYMENT | |
| Company Name | | Company Name | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Position | | Position | |
| Time Employed From to | | Time Employed From to | |
| Manager Name | | Manager Name | |
| Manager Phone | | Manager Phone | |

| | |
|----------------------------------|----------------------------------|
| Income | Income |
| PREVIOUS/OTHER EMPLOYMENT | PREVIOUS/OTHER EMPLOYMENT |
| Company Name | Company Name |
| Address | Address |
| City/State/Zip | City/State/Zip |
| Position | Position |
| Time Employed From to | Time Employed From to |
| Manager Name | Manager Name |
| Manager Phone | Manager Phone |
| Income | Income |

FINANCIAL INFORMATION

We require at least 3 secondary forms of payment in the event that rent is not paid. NO charges will be made if payments are made on time.

| | |
|--------------------------|--------------------------|
| Bank Name | Bank Name |
| Name(s) on Account | Name(s) on Account |
| Account Type | Account Type |
| Approx. Balance | Approx. Balance |
| Account No. | Account No. |
| | |
| Credit Card Type | Credit Card Type |
| Name on Card | Name on Card |
| Approx. Available Credit | Approx. Available Credit |
| Card No. | Card No. |
| Expiration Date | Expiration Date |

OCCUPANTS

Please list name and relationship-include age of minor children

| | |
|--|--|
| | |
| | |
| | |
| | |

PETS

Please include type or description and approximate weight

| | |
|--|--|
| | |
| | |
| | |

VEHICLES

| | |
|-----------------|---------|
| Year/Make/Model | License |
| Year/Make/Model | License |

| | |
|---------------------------|---------|
| Year/Make/Model | License |
| Year/Make/Model | License |
| EMERGENCY CONTACTS | |
| Name | Name |
| Phone | Phone |

Applicant(s) has submitted the sum of \$_____, which is nonrefundable payment for a credit check and processing of this application by the Landlord. This sum does not represent a rental payment or payment of the lease fee. In the event that this application is disapproved, or applicant cancels, this sum will be retained by the Landlord to cover the cost of processing application.

I/We certify that the information given herein is complete and correct. The Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my/our present and former employers, creditors, and landlords, and to procure such other information, including credit reports, which the Landlord may require to evaluate this application.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

NuSTART Home Solutions Agent Signature

Date