





## Guarantor Application to Rent

Community _____					Date _____
Agent _____					Rent \$ _____
Name: _____	_____	_____	_____	( ) _____	_____
Last	First	M.I.	(Jr., Sr.)	Phone Number	
Social Security # _____	Drivers License # _____				Yes / No Are You Over 18
Prospective Residents _____	Relationship _____	Social Security # _____			Drivers License # _____
_____	_____	_____			_____
_____	_____	_____			_____
_____	_____	_____			_____

### RESIDENCES

Present Address: _____	Apt # _____	City _____	State _____	Zip _____	( ) _____	Phone Number _____	How Long _____
Community Name _____						Rent \$ Paid _____	
Previous Address: _____	Apt # _____	City _____	State _____	Zip _____	( ) _____	Phone Number _____	How Long _____
Community Name _____						Rent \$ Paid _____	
Have you ever been delinquent in payment of rent? Yes or No If "Yes" please explain _____							
Have you ever been evicted from any property? Yes or No If "Yes" please explain _____							
Why are you leaving present residence? _____							
Have you given notice yet? ? Yes or No _____							
Do you have any pets? Yes or No If "Yes" Type _____							

### EMPLOYMENT

Present Employer: _____	Address _____	City _____	State _____	Zip _____	( ) _____	Phone Number _____	Mo: _____ Yr: _____ How Long _____
Supervisor's Name _____		Your Position _____			Gross Salary _____		
Previous Employer: _____	Address _____	City _____	State _____	Zip _____	( ) _____	Phone Number _____	Mo: _____ Yr: _____ How Long _____
Supervisor's Name _____		Your Position _____			Gross Salary _____		
Are you receiving child support? _____ How much? \$ _____							
Are you receiving a pension? _____ How much? \$ _____ Company _____							
Other additional income: \$ _____ Can you provide proof of these incomes? _____							



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### CREDIT REFERENCES

Checking Acct Bank	Address/Branch	Phone	Branch #	Account #
Credit References	Address	Type Account	Account #	
Credit References	Address	Type Account	Account #	

### PERSONAL REFERENCES

Name	Address	Phone #	Relationship
Name	Address	Phone #	Relationship

### IN CASE OF EMERGENCY

Name	Address	Phone #	Relationship
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### AUTOMOBILES

License	Make	Model	Year
License	Make	Model	Year

Other Vehicles:

### PLEASE NOTE:

Every item must be filled in and completed in entirety. Review your application before you turn it in to the manager.

The applicant represents that the above statements are true and correct and hereby authorizes verification of information concerning said applicant. It is understood the fee of \$\_\_\_\_\_ is not a deposit and will not be refunded if applicant is declined or approved.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

