



# Rental Application Form - *Printable*

You may fill this out online and then click print to mail to us.

**Notice: All adult applicants (18 years or older) must complete a separate application for rental.**

## Interest

Number of Bedrooms?

Desired Start Date

Property of Interest (Address)

## Personal Information

First Name

Last Name

Date of Birth

Social Security #

Primary Phone

Secondary Phone

Email

Driver's License

State Issued

---

Is there a Co-applicant?

Yes      No

Co-applicant First Name

Co-applicant Last Name

## Emergency Contact

First Name

Last Name

Address

Address cont.

City

State

Zip

Phone

Relationship

---

**Emergency Contact #2**

First Name

Last Name

Address

Address cont.

City

State

Zip

Phone

Relationship

**Occupants**

List all persons that will occupy the unit

First Name

Last Name

Age

Relationship

---

First Name

Last Name

Age

Relationship

---

First Name

Last Name

Age

Relationship

---

First Name

Last Name

Age

Relationship

### Current Residence

Address

Address cont.

City

State

Zip

Landlord Name

Landlord Phone

Move In Date

Monthly Payment

Reason for Leaving

### Previous Residence

Address

Address cont.

City

State

Zip

Landlord Name

Landlord Phone

Move In Date

Move Out Date

Monthly Payment

Reason for Leaving

## Employment

Employer Name

Occupation

Supervisor Name

Phone

Start Date

Monthly Income

---

### Employer #2 or Previous Employer

Employer Name

Occupation

Supervisor Name

Phone

Start Date

Monthly Income

## Additional Income

Source (child support, military benefits, etc.)

Monthly Amount

---

Receive Gov. Assistance? (e.g. SEC. 8, SSI, DDS, etc.)

Agency Name

Yes      No

Caseworker Name

Caseworker Phone

If Yes, please explain including amount received per mn.

## Vehicle(s)

Make

Model

Year

Color

License Plate

State Issued

Payments?

Yes No

Monthly Payment Amount

---

**Vehicle #2**

Make

Model

Year

Color

License Plate

State Issued

Payments?

Yes No

Monthly Payment Amount

**Pets**

Pet(s)?

Yes No

Breed(s)

Type of Pet(s)

Age(s)

Weight(s)

*Please Note: We do not accept any pets over 20 pounds.*

**Smoking**

Does anyone in the household smoke?

Yes No

**Background**

Have you (or any person named on this application) ever been sued for rent?

Yes No

Have you (or any person named on this application) ever been evicted?

Yes No

Have you (or any person named on this application) ever been sued for damages?

Yes No

Have you (or any person named on this application) ever broken a lease?

Yes No

Have you (or any person you have named on this application) ever declared bankruptcy?

Yes No

If Yes to any above, please explain.

### Personal References

First Name

Last Name

Address

Address cont.

City

State

Zip

Phone

Relationship

---

First Name

Last Name

Address

Address cont.

City

State

Zip

Phone

Relationship

### Other

How did you hear about this property?

Please include any comments or info you believe would help to evaluate this application.

Agreement & Authorization (Please read carefully)

BY MY SIGNATURE BELOW I AUTHORIZE Scott Hartman, LJH Holdings, LLC and its agents to obtain an Investigative Consumer Credit Report including but not limited to credit history, landlord/tenant court record search, criminal record search and registered sex offender search. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

BY MY SIGNATURE BELOW I AUTHORIZE the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposed only and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Scott Hartman and LJH Holdings LLC, Landlord and its agents free and harmless of any liability for any damages arising out of improper use of this information.

This authorization shall be valid in original or copy form.

Signature

Date