

RENTAL APPLICATION

APPLICATION POLICIES

1) 2)		nts must sign the application. Fee: \$25.00 per unmarried person over 18; \$40.00 per married couple; to be	Initial	/	
۷)	submitted in	n the form of exact cash, money order or cashier's check only. This fee is required		/	
3)		process your application. This fee is NON-REFUNDABLE.) must provide current and accurate information, to the best of their knowledge.	Initial Initial		
4)		application is based on income, credit history, employment history, personal and	iiiiliai _		
,	rental refer	ences, and rental history.	Initial	/	
5)	Properties, Inc. in order to secure Applicant(s) rental of the property. Property may be secured for up to (2) weeks from posted available date. Applicant(s) has (72) hours from payment of the Security Deposit to cancel this application. Should applicant fail to enter into a rental/lease agreement, applicant forfeits the full deposit or a pro-ration thereof as compensation to the landlord for taking the property off the market.				
6)					
7)		ation Fee, Security Deposit and First Month's Rent shall be paid in secured funds:	Initial	/	
·		Check or Money Order. Personal checks will not be accepted until you have moved	1141-1	/	
8)	into the pro) to provide a copy of their current photo ID and last (2) recent paycheck stubs with	Initial _	/	
-,	completed	application. If Applicant(s) does not have paycheck stubs M. Scott Properties, Inc. another form of income verification.	luitial	/	
			Initial _	/	
APP	LICATION	N .			
	DATE:	ADDRESS APPLYING FOR:			
	DATE:	ADDRESS APPLYING FOR: MOVE IN DATE:			
AP					
AP	PPLICANT:	MOVE IN DATE:			
AP	PPLICANT: SSN:	MOVE IN DATE: CO-APPLICANT:			
	SSN: Birth date:	MOVE IN DATE: CO-APPLICANT: SSN:			
Dri	SSN: Birth date:	MOVE IN DATE: CO-APPLICANT: SSN: Birth date:			
Dri Ho	PPLICANT: SSN: Birth date: ver's Lic.#: me Phone:	MOVE IN DATE: CO-APPLICANT: SSN: Birth date: Driver's Lic. #:			
Dri Ho W	PPLICANT: SSN: Birth date: ver's Lic.#: me Phone: ork Phone:	MOVE IN DATE: CO-APPLICANT: SSN: Birth date: Driver's Lic. #: Home Phone:			
Dri Ho W	PPLICANT: SSN: Birth date: ver's Lic.#: me Phone: ork Phone: Cell Phone:	MOVE IN DATE: CO-APPLICANT:			
Dri Ho W	PPLICANT: SSN: Birth date: ver's Lic.#: me Phone: ork Phone: Cell Phone: Email:	MOVE IN DATE: CO-APPLICANT:			

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EMPLOYMENT INFORMATION

APPLICANT	CO-APPLICANT			
Employer:	Employer:			
Position:	Position:			
Hire Date: Ph. # to Verify Employment: Monthly Gross Salary: Additional Monthly Income:	Hire Date: Ph. # to Verify Employment: Monthly Gross Salary: Additional Monthly Income:			
Source of Income:	Source of Income:			
RENTAL HISTORY				
APPLICANT	CO-APPLICANT			
Have you ever been evicted? ☐ YES ☐ NO	Have you ever been evicted? □ YES □ NO			
If YES, when and address evicted from:	If YES, when and address evicted from:			
Current Address:	CurrentAddress:			
City/State/Zip:	City/State/Zip:			
Landlord:	Landlord:			
Landlord Phone:	Landlord Phone:			
Monthly Rent:	Monthly Rent:			
Date Moved In:	Date Moved In:			



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APPLICANT	CO-APPLICANT
Previous Address:	Previous Address:
City/State/Zip:	City/State/Zip:
Landlord:	Landlord:
Landlord Phone:	Landlord Phone:
Monthly Rent:	Monthly Rent:
Date Moved In:	Date Moved In:
Date Moved Out:	Date Moved Out:
FINANCIAL INFORMATION	
APPLICANT	CO-APPLICANT
Have you ever □ YES filed bankruptcy? □ NO	Have you ever filed ☐ YES bankruptcy? ☐ NO
If YES, date filed:	If YES, date filed:
EMERGENCY CONTACT INFORMAT	ION
APPLICANT	CO-APPLICANT
Name:	
	
Home Phone:	
Home Phone: Alt. Phone:	
Alt. Phone:	Alt. Phone:

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ADDITIONAL INFORMATION

ADDITIONAL OCCUPA age of 18 must complete		al occupants under the aç	ge of 18. NOTE: All occupants over the
Name:	Age: _	Rel	ationship:
Name:	Age:	Rel	ationship:
Name:	Age: _	Rel	ationship:
Name:	Age:	Rel	ationship:
VEHICLE INFORMATION	DN - Please list information reg	arding vehicles that will b	e parked at the property applying for.
Make/Model:	Color:		License:
Make/Model:	Color:		License:
Make/Model:			License:
			you would like to reside with you at the e an additional Security Deposit. Emotional Support
Type of Pet	Gender	Breed	Animal? Yes / No Service Animal? Yes / No
Type of Pet	Gender	Breed	Emotional Support Animal? Yes / No Service Animal? Yes / No
Type of Pet	Gender	Breed	Emotional Support Animal? Yes / No Service Animal? Yes / No
Type of Pet	Gender	Breed	Emotional Support Animal? Yes / No Service Animal? Yes / No
If Emotional Support Anir	mal, please see our office staff to	complete an additional for	m.
If Service Animal; 1) Is th	e Service Animal required becau	use of a disability?	
2) Wha	at work or task has the animal be	een trained to perform?	
By signing below Applic knowledge:	ant(s) certifies that all informati	on provided herein is true a	and accurate to the best of Applicant(s)
Applicant Signature		Co-Applic	ant Signature

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DATE:						
Authorization by Applicant:						
I/We, hereby authorize, by signing to investigate and verify all inform background.						
Applicant Signature			Co-Applicant Signature			
Applicant Printed Name			Co-A	pplicar	nt Printed	I Name
		OFFI	CE USE ONLY			
Agency Name:						
Rental History for Property Address:	_					
Amount of Monthly Rent:	<u> </u>		Move In	Mov	/e Out	
Rent paid on time?		YES NO	If No, # of Late Payments:			
Any returned checks?		YES NO	If Yes, # returned:			
Eviction Proceedings Started?		YES NO	Eviction completed?		YES NO	
Full Security Deposit returned?		YES NO	Did Tenant have pets?		YES NO	
Did Tenant abide by Rules and Regulations?		YES NO	30-day notice given?		YES NO	
Would you rent to this Tenant again?		YES NO	Other Comments::			

PLEASE RETURN VIA FAX TO 775.782.1164

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