

Rental Application

APARTMENT DETAILS

Building: _____ Apt #: _____ Rent: \$ _____ Security: \$ _____
Lease Start Date: _____ Lease Term: _____ Landlord Name: _____
Cooper & Cooper Associate & Phone #: _____

APPLICANT INFORMATION

Name (First, Middle, Last): _____ Social Security #: _____
Date Of Birth: _____ Email Address: _____
Home #: _____ Work #: _____ Cell #: _____
Who Will Be Living In The Apartment?: _____

CURRENT RESIDENCY

Current Address: _____
City: _____ State: _____ Zip Code: _____
Landlord Name: _____ Landlord Phone #: _____
How Long Have You Lived At This Address?: _____ Monthly Rent: \$ _____

PRIOR RESIDENCY (Complete Only If "Current Residency" Is Less Than 2 Years)

Current Address: _____
City: _____ State: _____ Zip Code: _____
Landlord Name: _____ Landlord Phone #: _____
How Long Have You Lived At This Address?: _____ Monthly Rent: \$ _____

EMPLOYMENT HISTORY

Name Of Employer: _____
Employer Address: _____
Your Position / Title / Type Of Business: _____
Contact Name: _____ Phone #: _____ How Long At Job?: _____
Base Salary: \$ _____ Bonus / Overtime: \$ _____ Total: \$ _____
Additional Income Source: \$ _____ Annual Compensation: \$ _____



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PETS

None Dog(s) #: _____ Cat(s) #: _____ Other: _____ Size Of Pet(s) In lbs: _____

ASSET ACCOUNTS

Checking Savings Money Market Stock / Bond Other: _____

Name Of Bank: _____ Account #: _____

Branch: _____ Contact Name: _____ Phone #: _____

Checking Savings Money Market Stock / Bond Other: _____

Name Of Bank: _____ Account #: _____

Branch: _____ Contact Name: _____ Phone #: _____

REFERENCES

Accountant Name: _____ Phone #: _____

Attorney Name: _____ Phone #: _____

Other Reference Name: _____ Phone #: _____

EMERGENCY CONTACT

In Case Of Emergency, Please Notify: _____

Phone #: _____ Relationship To You: _____

CREDIT CHECK AUTHORIZATION / AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Cooper & Cooper Real Estate LLC and/or their designated credit bureau or agency to perform a credit check and to obtain any and all information regarding my employment, credit profile and credit obligations, checking and/or savings accounts, rental information and all other credit matters which they may require in connection with the lease of an apartment. This consent is effective for a term of six (6) months from the date herein. I understand and grant that a photocopy or fax of this authorization be accepted with the same authority as this original.

Print Name: _____

Signature: _____ Date: _____

NOTE: SIGNATURE IS REQUIRED TO PROCESS THIS APARTMENT RENTAL APPLICATION

