Rental Application

For Rental Property Located at:_____

Occupancy Date Of:_____

ASSET MANAGEMENT
REAL ESTATE, LLC.

Undersigned makes application to rent the above listed property and does truthfully provide all information requested below. Applicant will be denied if any information is false. Each person over 18 may need to complete a separate application.

APPLICANT(S) INFORMATION

Applicant's Last Name:	First Name:	Initial:	Social Security:	Telephone:	Date Of Birth:
Co-Applicant's Last Name:	First Name:	Initial:	Social Security:	Telephone:	Date Of Birth:

Applicant's Email address:	Co-Applicant's Email Address:

Names & Ages of Other Occupants:

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

Pets Yes ☐ No ☐	If You Have Pets, List Type & Number:	Are You or Any Other Household Member Subject to a Lifetime Registration as a Sex Offender: Yes ☐ No ☐ *If yes, list names:*

Have You or Any Household Member been Arrested or Convicted of any Crime, Violent Criminal or Drug Related Activity? Yes ☐ No ☐

If Yes, List Names and Offenses and Dates:

HOUSING DATA

Current Address:	From:	Landlord's Name:	Telephone:	Rent Amount: $
Reason for Moving:				
Previous Address:	From-To:	Landlord's Name:	Telephone:	Rent Amount: $
Reason for Moving:				

INCOME & EMPLOYMENT DATA

Current Employer:	Position:	How Long:	Salary: $	Supervisor:	Telephone:
Previous Employer:	Position:	How Long:	Salary: $	Supervisor:	Telephone:
Co-Applicant's Current Employer:	Position:	How Long:	Salary: $	Supervisor:	Telephone:
Co-Applicant's Previous Employer:	Position:	How Long:	Salary: $	Supervisor:	Telephone:

Other Sources of Income & Amount:	Housing Assistance:	Housing Agent Name:	DSS Assistance Yes No	DSS Amount: $

BANK DATA

Bank Name:	Branch:	Savings Account Number:	Checking Account Number:

PERSONAL REFERENCES

Personal Reference:	Telephone:	Personal Reference:	Telephone:
Name of Nearest Living Relative:	Relationship:	Address:	Telephone:
In Case of Emergency, Notify:	Relationship:	Address:	Telephone:

I hereby authorize investigation of all statements contained in this application. I also authorize Asset Management Real Estate, LLC to contact any parties in connection with this application and for those parties to release all requested information on my behalf. Applicant(s) hereby verifies the above is accurate and complete and understands any misrepresentation will disqualify the applicant(s). Once the application is approved the applicant(s) will be contacted.

Signature of Applicant Signature of Co-Applicant Date

365 West 200 North, Cedar City Utah 84720 Phone: 435-586-7133 Fax: 435-586-2367