

Rental Application



**ASSET MANAGEMENT
REAL ESTATE, LLC.**

For Rental Property Located at: _____

NOTICE TO APPLICANTS: This application may be submitted to Tenant Pro for verification. Please furnish all information requested and sign at the bottom of the page.

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:

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 _____ <i>If yes, list names:</i>

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:

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:
Spouse's/Co-Applicant's Current Employer:	Position:	How Long:	Salary: \$	Supervisor:	Telephone:
Spouse's/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:
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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 _____