

# Rental Application

## Applicant Information

**Name:**

Date of Birth:

SSN:

Phone:

Email:

Current address

Landlord:

Phone#

Own OR Rent

How long?

Previous address

Landlord:

Phone#

Owned OR Rented

How long?

## Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP

Position:

Annual income:

## Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP

Relationship:

Phone#:

## Co-applicant/PARENT INFORMATION

Name:

DOB:

Phone

EMAIL:

SSN:

Current address:

## References

Name:

Address:

Phone:

*I authorize the verification of the information provided on this form as to my credit and employment or housing history with applicable university.*

Signature of applicant:

Date:

Showing:

REVIEWED BY: