

# Rental Application

Please complete with full names, cities, zip codes and area codes  
INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR RESIDENCY  
Email Completed Application To: kennedydevelopment@gmail.com

Date: \_\_\_\_\_ Agent \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

Security Deposit Required \$ \_\_\_\_\_ Non-Refundable Pet Deposit \$ \_\_\_\_\_

Address/Unit Number \_\_\_\_\_ Latest Date Needed: \_\_\_\_\_

How did you learn about the apartment? \_\_\_\_\_

Applicants Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ May we text you? YES \_\_\_ NO \_\_\_

Email Address: \_\_\_\_\_

Have you ever been known by another name? If yes, by what name? \_\_\_\_\_

---

Co-Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ May we text you? YES \_\_\_ NO \_\_\_

Email Address: \_\_\_\_\_

---

How many people will be occupying the apartment? \_\_\_\_\_

Name of ALL persons who will occupy apartment:

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_

Do any of the proposed occupants smoke? YES \_\_\_ NO \_\_\_

Do you have any pets? YES  NO

If yes, how many? (list type, breed, weight & age) \_\_\_\_\_

\_\_\_\_\_

Your current Landlord: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Current Monthly Rent: \$ \_\_\_\_\_ How long have you lived there: \_\_\_\_\_

Reason Moving From Current Address \_\_\_\_\_

\_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

His/Her address: \_\_\_\_\_

Current Monthly Rent: \$ \_\_\_\_\_ How long have you lived there: \_\_\_\_\_

\_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

His/Her address: \_\_\_\_\_

Current Monthly Rent: \$ \_\_\_\_\_ How long have you lived there: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  if yes describe:

\_\_\_\_\_

Have you ever been served with a late notice? Yes  No  When \_\_\_\_\_

Have you ever been evicted from an apartment in the last five years? Yes  No

Are you or any member of your household a Specially Designated National (SDN) or other Blocked Person designated by the U.S. Government who commits or supports terrorism or is involved in the International narcotics trafficking? Yes  No

\_\_\_\_\_

Your Current Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Indicate: Weekly \_\_ Bi-Weekly \_\_ Monthly \_\_

Do you have any other regular source of income: \_\_\_\_\_

Co Applicant Employer (if applicable) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Indicate: Weekly \_\_ Bi-Weekly \_\_ Monthly \_\_

---

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Address \_\_\_\_\_

---

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Address \_\_\_\_\_

---

References:

Name	Phone #	Occupation	Length of Association
------	---------	------------	-----------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

---

Automobile Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Co Applicant Auto info: (if applicable)

Automobile Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date \_\_\_\_\_

---

This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this and any monies deposited herewith is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application will be held as a reservation deposit to be credited toward any deposit that may be required of applicant at the time rental agreement is executed. NOTE: Providing false answers on this application is automatic grounds for rejection of application.

Non- Refundable Reservation Deposit

\$ \_\_\_\_\_

---

By signing the application below, you acknowledge that a consumer credit report will be requested in connection with this application, by Plumbinder Properties Inc., and that the name and address of the consumer credit reporting agency that furnished the report is Experian, 505 City Pkwy, Orange CA 92856. The applicant(s) acknowledges that subsequent consumer credit reports may be requested or utilized to review or collect amounts due the Landlord. By signing this application the applicant(s) authorizes the release to the Landlord of the consumer credit report(s) for such purposes and that the Landlord or his agent may investigate the information supplied by the applicant(s) and full disclosure of pertinent facts may be made to the Landlord. The applicant(s) also acknowledges that all references will be checked and verified by Landlord/Agent of Landlord, Plumbinder Properties Inc.

**Applicant Signature:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

**Co-Applicant Signature:**  
(if applicable)

\_\_\_\_\_  
PRINT NAME