

Property Address _____

1ST APPLICANT

Last Name _____ First Name _____ Middle _____

Social Security # _____ Date of Birth _____

Driver's License _____ State Issued _____

CO APPLICANT

Last Name _____ First Name _____ Middle _____

Social Security # _____ Date of Birth _____

Driver's License _____ State Issued _____

PLEASE LIST ALL OTHERS WHO WILL BE LIVING IN RESIDENCE (Full NAME, Age, Relationship)

1ST APPLICANT

Current Address _____

Street Number/Name _____ Apt.# _____ City _____ State _____ Zip _____

From _____ To _____ Reason for Leaving? _____

Own/Rent \$ _____ / month

Property Manager/Owner _____

Phone # _____

Address: _____

Previous Address _____

Street Number/Name Apt.# City State Zip

From _____ To _____ Reason for Leaving? _____

Own/Rent \$ _____ / month

Property Manager/Owner _____

Phone # _____

Address: _____

CO - APPLICANT

Current

Address _____

Street Number/Name _____ Apt.# _____ City _____ State _____ Zip _____

From _____ To _____ Reason for Leaving? _____

Own/Rent \$ _____ / month

Property Manager/Owner _____

Phone # _____

Address: _____ :

Previous Address

Street Number/Name Apt # City State Zip
From _____ To _____ Reason for Leaving? _____
Own/Rent \$ _____ / month
Property Manager/Owner _____
Phone # _____
Address: _____

1st Applicant

Current Employer (Bus/Name _____
Supervisors Name _____
Address _____
How Long? _____
Position _____ Gross Monthly Salary _____
Work Phone # _____
IF YOU ARE SELF EMPLOYED, DO YOU LEASE A BUSINESS? Yes / No

Location _____ Property Manager/Owner _____
Phone _____ Address _____

IF SELF EMPLOYED OR RETIRED, BE PREPARED TO PROVIDE PERSONAL TAX RETURNS, W-2 ETC.)

Previous Employment

Supervisors Name _____
Address _____
How Long? _____
Position _____
Gross Monthly Salary _____ Work Phone # _____

CO-Applicant

Current Employer _____
Previous Employment _____
Supervisors Name _____
Address _____
How Long? _____
Position _____ Gross Monthly Salary _____
Work Phone _____

IF YOU ARE SELF EMPLOYED, DO YOU LEASE A BUSINESS? Yes / No Location

Property Manager/Owner Phone Address

IF SELF EMPLOYED OR RETIRED, BE PREPARED TO PROVIDE PERSONAL TAX RETURNS, W-2 ETC.)

OTHER INCOME (Verifiable only)

Applicant - Source _____ \$ Amount _____ per month
CO - Applicant - Source _____ \$ Amount _____ per month

Checking Acct # _____ Bank _____
Branch _____

Checking Acct # _____ Bank _____
Branch _____

Name of closest relative or friend _____
Relationship _____

Address _____

Phone # (work) _____

Phone # (home) _____

Name of closest relative or friend _____
Relationship _____
Address _____
Phone # (work) _____
Phone #(home) _____

Automobile - Year _____ Make _____ Model _____ Color _____
License # _____
Automobile - Year _____ Make _____ Model _____ Color _____
License # _____

If You Have Pets, Please List Type: _____

(You are aware that a pet deposit will be required in addition to the security deposit)

Do you have a waterbed Yes / No Fish Tank Yes / No

Do you or any potential occupants smoke? Yes / No

A. HAVE YOU EVER BEEN DELINQUENT IN PAYMENT OF YOUR RENT OR ANY OTHER FINANCIAL OBLIGATION? YES / NO

B. HAVE YOU EVER BEEN A DEFENDANT IN AN UNLAWFUL DETAINER (EVICTION) LAWSUIT OR DEFAULTED (FAILED

TO PERFORM) ANY OBLIGATION OF A RENTAL AGREEMENT OR LEASE? YES / NO

IF THE ANSWER FOR QUESTION A OR B WAS YES PLEASE ATTACH A WRITTEN EXPLANATION. HOW DID YOU HEAR ABOUT US? _____

Please sign and return this form along with your check or money order payable to: **Blue Sky Property.**

PLEASE NOTE THAT ALL OF OUR UNITS ARE NON SMOKING PROPERTIES.

I have read and understand the above information:

1 _____
Signature of applicant. _____ **Date** _____

Home Phone _____ Mailing address _____

Email _____

2 _____
Signature of co- applicant _____ **Date** _____

Home Phone _____ Mailing address _____

Email _____