

SENTINEL PROPERTIES, INC.

Rental Application

(ONE APPLICATION PER APPLICANT)

FIRST NAME INITIAL LAST NAME DATE OF BIRTH SOCIAL SECURITY NO.

/ /

CURRENT ADDRESS CITY STATE ZIP PHONE NO. REASON FOR LEAVING

AT PRESENT ADDRESS _____ YEARS _____ MONTHS

OWN HOME FINANCED BY: _____ MTG PAYMENT: \$ _____
 RENT RENT PAID TO: _____ RENT PAYMENT: \$ _____
 WITH PARENTS

MORTGAGOR/LANDLORD ADDRESS CITY STATE ZIP PHONE #

FORMER ADDRESS CITY STATE ZIP YRS./MOS. PHONE # REASON FOR LEAVING

/

NAMES AND DATE OF BIRTH OF OTHERS WHO WILL OCCUPY PREMISES:

PRESENT EMPLOYER	ADDRESS	PHONE	POSITION	SUPERVISOR	YRS/MO	SALARY	
					/		<input type="checkbox"/> WK <input type="checkbox"/> BI-WK <input type="checkbox"/> MO <input type="checkbox"/> YEAR
					/		<input type="checkbox"/> WK <input type="checkbox"/> BI-WK <input type="checkbox"/> MO <input type="checkbox"/> YEAR
PAST EMPLOYER	ADDRESS	PHONE	POSITION	SUPERVISOR	YRS/MO	SALARY	
					/		<input type="checkbox"/> WK <input type="checkbox"/> BI-WK <input type="checkbox"/> MO <input type="checkbox"/> YEAR
					/		<input type="checkbox"/> WK <input type="checkbox"/> BI-WK <input type="checkbox"/> MO <input type="checkbox"/> YEAR

SOURCE OF FUNDS: _____ MONTHLY DATE OF GOVERNMENT ASSISTANCE: _____

APARTMENT SIZE NEEDED: _____ MOVE IN DATE REQUESTED: _____

UNDERSTAND ENGLISH: YES NO TRANSLATOR REQUESTED: YES NO

PET ALLERGIES: YES NO

I hereby acknowledge that my apartment is in a building that currently has or may have animals.

GIVE PERSONAL REFERENCE – UNRELATED LOCAL REFERENCE PREFERRED

NAME	ADDRESS	PHONE

CHECKING ACCOUNT YES NO BANK: _____ ADDRESS/BRANCH CITY/STATE

SAVINGS ACCOUNT YES NO BANK: _____ ADDRESS/BRANCH CITY/STATE

AUTOMOBILE MAKE YEAR MODEL FINANCED BY MONTHLY PMT LICENSE TAG#

AUTOMOBILE MAKE YEAR MODEL FINANCED BY MONTHLY PMT LICENSE TAG#

NAME OF NEAREST RELATIVE NOT LIVING WITH ME: ADDRESS CITY/STATE ZIP PHONE RELATIONSHIP

A non-refundable service fee for the reimbursement of expenses involved in verifying the above information is charged. Applicant represents that all of the above statements are true and complete and hereby authorizes the Landlord to verify the above information, references, and credit records. Applicant acknowledges that false information herein may constitute grounds for rejection or termination of my lease. I authorize Landlord to obtain from any criminal and/or credit record reporting agencies before, during and after tenancy regarding matters relating to myself, this application and/or lease by the landlord to me and to verify by all available means the information in this application for criminal and credit background information. Applicant hereby acknowledges that the validity and enforceability of his/her lease is subject to the prior tenant(s) surrender of the apartment on a timely basis and that this Application does not constitute a lease or grant Applicant any rights or interest in or to the apartment. Tenant acknowledges that the apartment will not be held for Tenant more than fourteen (14) days after the date set forth below.

APPLICANT'S SIGNATURE

EMAIL ADDRESS

DATE APPLICATION SUBMITTED