

# WOODHEAD PROPERTIES RENTAL APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.

Applicants full name \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_ EXP \_\_\_\_\_  
Current address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Landlords Name \_\_\_\_\_ Landlords Phone # \_\_\_\_\_  
How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Previous address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Landlords name \_\_\_\_\_ Phone number \_\_\_\_\_  
How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Auto Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State/License Plate # \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Mo Income \_\_\_\_\_  
Phone # \_\_\_\_\_ How long at job \_\_\_\_\_ Other Income \_\_\_\_\_  
Employers address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number and type of pets \_\_\_\_\_ Have you ever been party to an eviction? [ ] YES [ ] NO

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Type of account \_\_\_\_\_

Credit Accounts:

Company _____	Account Number _____	Balance _____	Payment _____
Company _____	Account Number _____	Balance _____	Payment _____
Company _____	Account Number _____	Balance _____	Payment _____
Company _____	Account Number _____	Balance _____	Payment _____

Have you ever filed a petition for bankruptcy? \_\_\_\_\_ Reason \_\_\_\_\_

Total number of adults \_\_\_\_\_ Total number of children living with you under the age of 18 \_\_\_\_\_

Names and relations of all other applicants \_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received from applicant the non-refundable sum of \$ \_\_\_\_\_ dollars to pay for tenant screening services.

RENTAL ADDRESS \_\_\_\_\_  
RENT \_\_\_\_\_ DEPOSIT \_\_\_\_\_ DATE DESIRED \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO THE DROP BOX LOCATED  
INSIDE THE FIRST SET OF DOORS AT 2004 W. PACIFIC OR FAX TO 509-456-4611**