

Bartlett Gardens Apartments RENTAL APPLICATION FORM



The following information is confidential and will not be disclosed without your consent.

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. at Former Address
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years.				
Current Landlord: _____ Phone: _____ Address: _____				
Previous Landlord: _____ Phone: _____ Address: _____				
Previous Landlord: _____ Phone: _____ Address: _____				
Name and Address of Employer			Type of Business	Self Employed? Yes No
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs in this line of work
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs at Former Address
Name and Address of Employer			Type of Business	Self-employed? Yes No
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()

HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

I am applying for the \$400 for the disability/handicap annual income adjustment _____. If yes, you will need to bring in proof that you are disabled (Note from your doctor).
I will _____ will not _____ need reasonable accommodations for my disability/handicap.

Are there any special housing needs or reasonable accommodations that the household will require? Yes No
If yes, please explain _____

VETERAN (or spouse of deceased veteran)? Yes ____ No ____
If "Yes", form DD-214 must be attached for determination of eligibility for admission preference

Have you or any member of the household ever been convicted of a felony? Yes No
If yes explain: _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy as well as credit and criminal background checks.

Applicant

Date

Co-Applicant

Date

Date

Date

Date

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN