



RENTAL APPLICATION

1204 W. South Jordan Pkwy # C
South Jordan, UT. 84095
Office: 801-363-7368
Fax: 801-253-8156

All people residing in this residence, 18 years of age or older, must complete an application.
Property Applying for: _____
How did you hear about it? _____
Desired Move-In Date? _____
Application Fee Paid \$ _____

ASSISTANCE IS AVAILABLE IF NEEDED TO FILL OUT THIS APPLICATION

APPLICANT

NAME	First: _____	Middle: _____	Last: _____
PHONE #	Home: _____	Work: _____	Cell: _____
SOCIAL SECURITY NUMBER	# _____		
BIRTHDATE	Month: _____	Day: _____	Year: _____
DRIVERS LICENSE #	State: _____	# _____	
AUTOMOBILE	Year: _____	Make: _____	Model: _____
LICENSE PLATE #	# _____		
EMERGENCY CONTACT	Name: _____	Tel # _____	

RESIDENTIAL HISTORY

LAST TWO YEARS

PRESENT ADDRESS	No. _____	Street _____	Apt: _____
CITY / STATE / ZIP	City: _____	State: _____	Zip: _____
PHONE #	Home: _____	Work: _____	Cell: _____
OCCUPANCY DATES	In: _____	Out: _____	
MONTHLY RENT	\$ _____		
OWNER / LANDLORD / PHONE	_____		Tel # _____
REASON FOR MOVING	_____		

PREVIOUS ADDRESS	No. _____	Street _____	Apt: _____
CITY / STATE / ZIP	City: _____	State: _____	Zip: _____
OCCUPANCY DATES	In: _____	Out: _____	
MONTHLY RENT	\$ _____		
OWNER / LANDLORD / PHONE	_____		Tel # _____
REASON FOR MOVING	_____		

EMPLOYMENT (Last two years)

PLEASE ATTACH PAY STUB

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EMPLOYERS NAME	_____	_____	
ADDRESS	_____	_____	
CONTACT PERSON / PHONE #	_____ # _____	_____ # _____	
YOUR POSITION	_____	_____	
HIRE DATE	Month: _____	Day: _____	Year: _____
MONTHLY SALARY	\$ _____		

OTHER OCCUPANTS, AGE & RELATIONSHIP:

DO YOU HAVE PETS? IF YES DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED IN THE SALE OR MANUFACTURING OF ILLEGAL DRUGS? YES NO

IF YES EXPLAIN: _____

MAY WE HAVE PERMISSION TO DO A HOUSEKEEPING CHECK ON YOUR PRESENT RESIDENCY IF NEEDED? YES NO

DO YOU OWN WATERBEDS? YES NO HAVE YOU EVER BEEN EVICTED? YES NO

HAVE YOU EVER FILED BANKRUPTCY? YES NO IF YES WHEN: _____ DISCHARGED: YES NO

CHECKING ACCOUNT # _____ BANK: _____

ARE YOU A MEMBER OF THE ARMED FORCES? YES NO IF YES, ARE YOU: ACTIVE RESERVE

I (UNDERSIGNED) DO HEREBY GIVE PERMISSION TO HAVE ANY INFORMATION VERIFIED INCLUDING CREDIT, EMPLOYMENT, INCOME, BANK ACCOUNT, RENTAL HISTORY, AND CRIMINAL BACKGROUND INFORMATION. I FURTHER AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED.

PROOF OF IDENTIFICATION IS REQUIRED: IDENTIFICATION USED: _____

FIRST PAYMENT MUST BE BY MONEY ORDER OR CASHIERS CHECK. CASH IS NEVER ACCEPTED.

EL PRIMER PAGO TIENE QUE SER UN ORDEN DE PAGO O CHEQUE DEL BANKO.

APPLICANT SIGNATURE _____

DATE _____