



RENTAL APPLICATION FORM

(209)794-2544
wimpysmarina@gmail.com
wimpysontheriver.com

Applicant Information

First, Middle, Last Name _____ Date of Birth _____
Home Phone _____ Work Phone _____ Email _____
Marital Status Single Married, since _____ Divorced, since _____
Driver's License No. & State _____ Social Security No. _____

Current Address

Address _____ City _____ State _____
Move-In Date _____ Present Landlord _____ Landlord Phone _____
Reason for Leaving _____ Rent Amount _____ Rent Up To Date? _____

Previous Address

Address _____ City _____ State _____
Move-In Date _____ Previous Landlord _____ Landlord Phone _____
Reason for Leaving _____ Rent Amount _____

Previous Address

Address _____ City _____ State _____
Move-In Date _____ Previous Landlord _____ Landlord Phone _____
Reason for Leaving _____ Rent Amount _____

Proposed Occupants

Name _____ Relationship _____ Occupation _____ Age _____
Name _____ Relationship _____ Occupation _____ Age _____

Proposed Pets

Name _____ Type/ Breed _____ Indoor or Outdoor Age _____
Name _____ Type/ Breed _____ Indoor or Outdoor Age _____

Vehicle Information

Year _____ Make _____ Model _____ Color _____ License No. _____
Year _____ Make _____ Model _____ Color _____ License No. _____

Employment

Current Employer _____ Occupation _____ Hours / Week _____

Supervisor _____ Phone Number _____ Years Employed _____

Address _____ City _____ State _____

Previous Employer _____ Occupation _____ Hours / Week _____

Supervisor _____ Phone Number _____ Years Employed _____

Address _____ City _____ State _____

Income

Current Income _____ Weekly Bi/Weekly Monthly Yearly Source _____ Proof of Income Yes No

Current Income _____ Weekly Bi/Weekly Monthly Yearly Source _____ Proof of Income Yes No

Emergency/ Personal Reference information

Emergency Contact _____ Phone Number _____

Relationship _____ Full Address _____

Emergency Contact _____ Phone Number _____

Relationship _____ Full Address _____

Personal Reference _____ Phone Number _____

Relationship _____ Full Address _____

Personal Reference _____ Phone Number _____

Relationship _____ Full Address _____

Applicant Questionnaire/Authorization (Answer YES or NO))

HAS APPLICANT EVER BEEN SUED FOR BILLS? YES NO

HAS APPLICANT EVER BEEN BANKRUPT? YES NO

HAS APPLICANT EVER BEEN LOCKED OUTOF THEIR APARTMENT BY THE SHERIFF? YES NO

HAS APPLICANT EVER MOVED OUT OWING RENT OR DAMAGED APARTMENT? YES NO

Applicant authorizes the landlord/agent to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information in not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RESEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

Applicant

Date