

Sound Property Management Inc
Rental Application

PLEASE TELL US ABOUT YOURSELF

Rental unit this application is for: _____

Full Name _____

Home Phone () _____ Other () _____

Date of Birth _____

Social Security # _____

Email Address : _____

Co-Applicant Name _____

Co-Applicant Date of Birth _____

Social Security # _____

Names of Dependents _____

Dependents Ages _____

List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 2 YEARS)

Current Address _____ Apt# _____

City _____ Province _____ Postal Code _____

Month/Year Moved In _____

Reasons for Leaving _____ Rent \$ _____

Owner/Agent _____

Phone () _____

Previous Address (last 2 years) _____

Rent \$ _____

Owner/Agent _____

Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____

Dates employed _____

Employed as _____
Supervisor Name _____

Phone () _____

Salary \$ _____ per _____. If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____

Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Bank Name _____ Type of Account _____

Bank Name _____ Type of Account _____

Personal Reference or Emergency Contact:

Name _____

Address _____

Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____

Vehicle Information:

Make / Model _____ Year _____ License Plate _____

Number of Vehicles _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____

Night Phone # () _____

I recognize that as a part of your procedure for processing my application, information is obtained through personal interviews with all of my references and I warrant that the above information, to the best of my knowledge, is true and correct.

Please sign: X _____

Co-applicant: X _____

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____
Date _____

OFFICE NOTES: