

Lexington Investments

Application For Rental

Property Address: _____

Name: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____ DOB: _____

Spouse or Co-Applicant's Name: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____ DOB: _____

If there are any questions that do not apply then put N/A (not applicable) in the blank.

Are you currently living with a relative?

If so what is their relation and telephone #: _____

Name of Previous Landlord or Apt. Manager: _____

Telephone #: _____

Monthly Rent: _____ Move-in Date: _____ Move-out Date: _____

Street Address: _____ Unit #: _____

City, State, and Zip Code: _____

Name of 2nd Previous Landlord or Apt. Manager: _____

Telephone #: _____

Monthly Rent: _____ Move-in Date: _____ Move-out Date: _____

Street Address: _____ Unit #: _____

City, State, and Zip Code: _____

Employer: _____ Telephone #: _____

Address: _____ City, State, Zip Code: _____

Title or Position: _____ Length of Employment: _____

Monthly Income: _____ Supervisor's Name & Telephone #: _____

Previous Employer: _____ Telephone #: _____

Address: _____ City, State, Zip Code: _____

Title or Position: _____ Length of Employment: _____

Monthly Income: _____ Supervisor's Name & Telephone #: _____

Spouse or Co-Applicants Employer: _____ Telephone #: _____

Address: _____ City, State, Zip Code: _____

Title or Position: _____ Length of Employment: _____

Monthly Income: _____ Supervisor's Name & Telephone #: _____

Name(s) of all persons (other than applicant & spouse/Co- applicant) to occupy the property.

Name & Relation: _____ Age: _____ Telephone #: _____

Name & Relation: _____ Age: _____ Telephone #: _____

Name & Relation: _____ Age: _____ Telephone #: _____

Name & Relation: _____ Age: _____ Telephone #: _____

Name & Relation: _____ Age: _____ Telephone #: _____

List all vehicles to be parked on the property (cars, trucks, trailers, recreational vehicles, motorcycles, boats, etc.)

Type: _____ Year: _____ Make: _____ License # / State: _____

Type: _____ Year: _____ Make: _____ License # / State: _____

Type: _____ Year: _____ Make: _____ License # / State: _____

Will there be any pets on the property? If yes, please fill out the following questions.

Kind: _____ Weight: _____ Age: _____ Declawed: _____ Neutered: _____

Indoor/Outdoor: _____ Are vaccinations up to date: _____

If you have pets please show current vaccination records.

Please answer the following questions Yes or No.

Will there be any waterbeds on the property? _____

Will applicant maintain renter's insurance? _____

Has the applicant ever been evicted? _____

Has the applicant ever filed for bankruptcy? _____

Has the applicant ever lost property due to foreclosure? _____

Has the applicant ever had any credit problems? _____

Has the applicant, spouse/co-applicant, or anyone else that will be occupying the property been convicted of a felony? If yes, please explain (attach sheets if necessary). _____
