

# BRADLEY PARTNERS 2 LLC

## APPLICATION TO RENT Complete separate application for each adult tenant. \$35.00 Non-Refundable Application Fee Required

**1** Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST FIRST MIDDLE

**2** Driver's Lic./ID #: \_\_\_\_\_ State \_\_\_\_\_ Birthdate \_\_\_\_\_  
MONTH - DAY - YEAR

**3** Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

### CURRENT

Address: \_\_\_\_\_  
STREET UNIT# CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### 4 PREVIOUS

Address: \_\_\_\_\_  
STREET UNIT# CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### 5 SECOND PREVIOUS

Address: \_\_\_\_\_  
STREET UNIT# CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Tel: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### CURRENT EMPLOYMENT

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Company Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Dates of Employment - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

WHEN DO YOU PLAN TO MOVE IN? Date: \_\_\_\_\_

Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_

for \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For purposes of credit & rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F"**

for full time or "P" for part time after each name.

**If this box is checked there shall be no additional occupant(s).**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**ADDITIONAL INFORMATION**

- 1. Have you ever had any credit problems?  Yes  No
- 2. Have you ever had an unlawful detainer filed against you?  Yes  No
- 3. Have you ever been evicted for non-payment of rent or for any other reason?  Yes  No
- 4. Have you ever filed bankruptcy?  Yes  No
- 5. Have you ever been convicted of a felony.  Yes  No
- 6. Do you have any animals?  Yes  No If Yes, How many? \_\_\_\_\_ Describe: \_\_\_\_\_
- 7. Will you be using any water-filled furniture in your residence?  Yes  No  
If Yes, do you have insurance coverage?  Yes  No
- 8. Do you have any musical instruments?  Yes  No If yes, what kind \_\_\_\_\_
- 9. Do you smoke?  Yes  No Does any other proposed occupant smoke?  Yes  No
- 10. Please explain any "YES" answers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANKING INFORMATION**

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
Other sources of income \_\_\_\_\_

**CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)**

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)**

Are you the registered owner?  Yes  No If not who? \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_