

## *Rental Application* TednKat.com I hereby make application to rent to be used as a dwelling unit

Your Information						
→Full Legal Name:	→Phone Number:					
→Email:	→Social Security #:					
→Date of birth:						
Current Address						
	→Apt#					
→City:	$\rightarrow$ State: $\rightarrow$	Zip				
Landlords name:	Landlords phone:	Landlords				
email						
Reason for leaving:						
Move in/out dates:	Monthly rent:	Is your name on the				
lease?						
Have you given notice to leave?	If so, what is your move	e out day?				
Previous Address (Please accoun	t for at least 4 years rental histo	ry if applicable)				
→Address:	→Apt#					
→City:						
Landlords name:		Landlords				
email						
Reason for leaving:						
Move in/out dates: lease?	Monthly rent:	Is your name on the				
How many days notice to leave di	id vou give?					
Previous Previous Address						
→Address:	→Apt#					
→City:	→State <sup>.</sup>					
Landlords name:		Landlords				
email						
Reason for leaving:						
Move in/out dates:	Monthly rent:					
lease?						
How many days notice to leave di	id you give?					



Your Current Employment (	Please account f	for at least 4 years	employment histor	y)
→Name of employer:	_	→Address:		
→City:				
Date:				
Employers phone number:		Monthly take ho	ome pay after taxes	5:
Your previous Employment				
→Name of employer:		→Address:		
→City:				
Date:				
End Date: Employers	phone number:		Monthly take hor	ne pay after
taxes:				
Your personal history				
Do you have a pet(s) (list nan	nes ages breeds	and spayed neute	red status)	
		_		
How many persons are in you	ur party?	_ (note; a separate	application is need	ed for each
person over age 18)				
Have you ever?				
Been asked to leave?	Evicted?	Declared ba	inkruptcy?	been sued
for damage to a rental?	Broken a	rental agreement o	or lease?	been sued for
non payment of rent?	been convi	cted of a felony? _	Been conv	victed of a
misdemeanor that included	violence?			
Do you use drugs (do not inc	lude marijuana)	)? Do yo	u smoke?	_
If you have an explanation for	or any of the his	tory questions list		
here:				
Your vehicle				
Make:Mo	del:	Year:	Color:	
License plate number:				
Other vehicle:				
Make: Mo	del:	Year:	Color:	
License plate number:				
Is (are) your vehicle(s) currer	ntly registered?			
Other Residents: List the leg	gal names and a	ages of ALL other p	eople who will occu	ıpy this unit.
Names and				
ages:				
In case of emergency				
Emergency contact:		Phone:		
Address:				
City:	Stat	te:	_Zip:	
Please read the following er	ntirely.			



I declare that the foregoing is true and correct to the best of my knowledge. I understand that Ted and Katrina Thompson (landlords) will retain this application whether or not it is approved. I authorize Ted and Katrina Thompson to verify all information contained in this application, including obtaining a credit report, landlord rating, employment history and bank rating. I/we also authorize Ted and or Katrina Thompson to obtain a criminal background report. I/we further understand that any representation above that proves to be false will cause the applicant to be denied and will immediately terminate any agreement entered into which the landlord has detrimentally relied. Consent to the use of the above information was voluntary, known and given with no restrictions.

Applicant signature and date:

This form is intellectual property of Ted and Katrina Thompson, all rights reserved. We thank you for your time, patients and diligence in filling out this form.