

Delta Partners Rental Application

NOTICE: IN COMPLIANCE WITH PUBLIC LAW, A ROUTINE CREDIT INQUIRY MAY BE MADE IN CONNECTION WITH YOUR APPLICATION FOR A TENANCY.

Applicant Information

Name:			SSN:		
Date of birth:		Age:	Phone:		Cell:
Email:			Driver's License #:		Exp:
Number of Family Members in Residence: _____ Adults _____ Children			# of Pets: _____ Dogs _____ Cats		
Current address:					
City:			State:		ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/> (Please check)		Monthly payment or rent :		How long?	
Previous address:					
City:			State:		ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> Please check		Monthly payment or rent:		How long?	

Employment Information

Current employer:					
Employer address:				How long?	
Phone:			E-mail:		Fax:
City:		State:			ZIP Code:
Position:		Income: \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Week		Payday: Weekly <input type="checkbox"/> 2 -weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	
Other Income: \$ _____		Other Income Source:		Other Income Payday: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	

Emergency Contact

Name of a person not residing with you: _____					
Address:					
City:		State:		ZIP Code:	Phone:
Relationship: _____					

Co-applicant Information , if Married

Name: _____			SSN:		
Date of birth:		Age:	Phone:		Cell:
Driver's License #:			Exp:		Email:

Co-applicant Employment Information

Current employer:					
Employer address:				How long?	
Phone:			E-mail:		Fax:
City:		State:			ZIP Code:
Position:		Income: \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Week		Payday: Weekly <input type="checkbox"/> 2 -Weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	
Other Income: \$ _____		Other Income Source:		Other Income Payday: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	

Personal References

Name: _____		City:		Phone:	
Name: _____		City:		Phone:	
Name: _____		City:		Phone:	

Vehicle Information

Year:	Make:	Model:	Tag:	Insured:
Year:	Make:	Model:	Tag:	Insured:

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.

Electronic Signature of applicant:				Date:	
Electronic Signature of co-applicant:				Date:	

OFFICE USE	Property	Unit / Apt	Pets	Agent	Accepted	Declined
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