

**TENANT APPLICATION**

Apartment – Condominium – House – Parking – Storage

|   |                  |  |                                 |
|---|------------------|--|---------------------------------|
| Street address and unit number applying for:  |                  |  |                                 |
| Monthly rent:   | Security deposit | Anticipated move-in date:  | No. of months willing to lease: |
| Applicant name: (note each occupant is required to complete separate Tenant Applications)   |                  |  | Date of birth:                  |
| SS no.:   |                  | Drivers license (ID) no.:  |                                 |
| Day phone no.: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other |                  | Eve phone no.: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other email: <input type="checkbox"/> Business <input type="checkbox"/> Personal |                                 |

**PRESENT ADDRESS**

**PREVIOUS ADDRESS**

|  |   |
|--|---|
| Your Address: (Street address, unit number, city state & zip)<br><br>Landlord Name:<br><br>Landlord Address: (Street address, unit number, city state & zip)<br><br>Landlord Phone:      Fax no.:      Lease from:/to<br><br>No. of occupants:      Your share rent:      Total rent:<br><br>Security dep:      No. of late payments:<br><br>Expected amount of deposit to be returned:<br><br>Reason for wanting to move: | Your Address: (Street address, unit number, city state & zip)<br><br>Landlord Name:<br><br>Landlord Address: (Street address, unit number, city state & zip)<br><br>Landlord Phone:      Fax no.:      Lease from:/to<br><br>No. of occupants:      Your share rent:      Total rent:<br><br>Security dep:      No. of late payments:<br><br>Amount of deposit returned:<br><br>Reason for leaving: |
|--|---|

**CURRENT EMPLOYER or School**

**PREVIOUS EMPLOYER or School**

|  |  |
|--|--|
| Name:<br><br>Position or Major:<br><br>Start date:      Annual salary:<br><br>Supervisor or School Counselor name:<br><br>Telephone no.: | Name:<br><br>Position or Major:<br><br>Start / end date:      Annual salary:<br><br>Supervisor or School Counselor name:<br><br>Telephone no.<br><br>Reason for leaving: |
|--|--|

I hereby authorize the release of information regarding credit, employment and rental history to Benson Property Management exclusively for the purpose of determining eligibility for the above described rental unit within thirty (30) days of the date signed

**A state issued ID and proof of income are both required to accompany this application**

|                      |       |
|----------------------|-------|
| Applicant signature: | Date: |
|----------------------|-------|

Date

Lessee(s)

**BANK ACCOUNTS**

| Account Type | Institution | Years Open | 12-mo Average Balance |
|--------------|-------------|------------|-----------------------|
| 1.           |             |            |                       |
| 2.           |             |            |                       |

**OTHER INCOME**

| Name of Income Source | Frequency | Amount | Purpose |
|-----------------------|-----------|--------|---------|
| 1.                    |           |        |         |
| 2.                    |           |        |         |

**Credit Reference**

| Creditor Name    | Account Billing Address | Typical Amount | How long in Good Standing? |
|------------------|-------------------------|----------------|----------------------------|
| 1.<br>Utility    |                         |                | . yrs                      |
| 2.<br>Cell Phone |                         |                | . yrs                      |
| 3.<br>Loan       |                         |                | . yrs                      |

**VEHICLES**

| Year | Make | Model | Color | Plate | Parking needed? |
|------|------|-------|-------|-------|-----------------|
| 1.   |      |       |       |       | Y / N           |
| 2.   |      |       |       |       | Y / N           |
| 3.   |      |       |       |       | Y / N           |

**Miscellaneous**

| Do you smoke? | Have Children?             | No. of Occupants? | Have Pets?             |
|---------------|----------------------------|-------------------|------------------------|
| Y / N         | Y / N<br>Living / Visiting | No.:<br>Age(s):   | Y / N<br>No.:<br>Type: |

**REFERENCES AND CONTACTS (Parents, Landlords, Supervisors or co-workers preferred)**

| Name | Phone | Address | Relationship | Emergency(E)<br>Reference (R) |
|------|-------|---------|--------------|-------------------------------|
| 1.   |       |         |              | E / R<br>Since Year:          |
| 2.   |       |         |              | E / R<br>Since Year:          |
| 3.   |       |         |              | E / R<br>Since Year:          |
| 4.   |       |         |              | E / R<br>Since Year:          |

Date

Lessee(s)