

## Rental Application

Phone: (801) 583-0800 or (801) 808-4476 Fax: (801) 583-8184 Email: [rentals@avenues-apartments.com](mailto:rentals@avenues-apartments.com)

Individual applications required from each adult occupant

Last Name:		First Name:		Middle:	Social Security Number:
Date of Birth:	Drivers License Number:		State of Issue:		Home Phone Number:

Complete Section 2 and 3 if you have lived at address number 1 for less than 5 years.

<b>1</b>	Present Address:			City:	State:	Zip:
	Date In:	Date Out:	Owner/Mgr Name:	Owner/Mgr Phone:		
	Reason for Moving:					
<b>2</b>	Previous Address:			City:	State:	Zip:
	Date In:	Date Out:	Owner/Mgr Name:	Owner/Mgr Phone:		
	Reason for Moving:					
<b>3</b>	Previous Address:			City:	State:	Zip:
	Date In:	Date Out:	Owner/Mgr Name:	Owner/Mgr Phone:		
	Reason for Moving:					

Name & Age of Other Occupants.

AGE	Name	Date of Birth	Social Security No.	Drivers License No.	Issue State

Will You Have Pets?	Describe:	Will You have a Water Bed?	Describe:
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Complete Section B only if you have been with present employer for less than 5 years.

<b>A</b>	Present Occupation:	Employer Name:
	How Long With This Employer?	Employer Address:
	Name of Your Supervisor:	Employer Phone Number:
<b>B</b>	Prior Occupation:	Employer Name:
	How Long With This Employer?	Employer Address:
	Name of Your Supervisor:	Employer Phone Number:

Current Gross Income:	Check One		
\$ _____ PER	Weekly	Monthly	Annually

Please List ALL of Your Financial Obligations Below.

NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER	
		Checking:	
		Savings:	
NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MO. PYMT. AMT.

Incase of Emergency Notify	Address	Phone	City	Relationship
Personal References	Address	Phone	Known How Long	Occupation

Vehicle Information

Make	Model	Year	License Number	Issue State

Have you ever filed for bankruptcy?	Have you ever been evicted or asked to move?
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Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including but not limited to the obtaining of credit report and agrees to furnish additional credit references on request.

The undersigned makes application to rent housing accommodations designated as:

Apt. No. \_\_\_\_\_ Located At \_\_\_\_\_

The rental for which is \$ \_\_\_\_\_ per \_\_\_\_\_ and upon approval of this application agrees to sign a rental Lease agreement and to pay all sums due, including required deposits, before occupancy. Application Fee \$ \_\_\_\_\_ This fee is non-refundable.

Dated: \_\_\_\_\_ 20\_\_ Applicant \_\_\_\_\_

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