|  |  |
| --- | --- |
| Applicant:   DOB:   | Roommate:   DOB:   |
| Children:     DOB:       | Number of Pets:Dogs:   Cats:   Other:    |
| Phone:   | Email:   |
|  |  |
| Are you a homeowner?Yes   No  Previously    | City looking to rent in:     |
|  |  |
| Applicant’s Income Sources:▪ EIA:  ▪ Employment Insurance:   | ▪ Other:   ▪ Employer:   |
| Supervisor Name:   | Supervisor Phone/Email:   |
| Roommate’s Income Sources:▪ EIA:  ▪ Employment Insurance:   | ▪ Other:   ▪ Employer:   |
| Total Monthly Income:   |  |

**\*Deposits are non-refundable and must be paid before move-in (please inquire for details) \***

**\*All units are NON-SMOKING. Leases are 1 year. \***

**\*Landlord or Employment reference required to process this application. \***

|  |  |
| --- | --- |
| Current Address:   | Current Landlord Name:   Email:   Phone:    |
| Previous Address:   | Previous Landlord Name:  Email:   Phone:    |

*Office Use Only: Security Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date paid: \_\_\_\_\_\_\_\_\_\_\_\_*

 *Pet Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date paid: \_\_\_\_\_\_\_\_\_\_\_\_*

 *Water Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date paid: \_\_\_\_\_\_\_\_\_\_\_\_*

 *Advance Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date paid: \_\_\_\_\_\_\_\_\_\_\_\_*

**Consent to Use or Disclose Personal Information Form:**

I understand that this is a routine application to establish credit, character, employment, and rental history. I also understand that this is NOT an agreement to rent and that all applications must be approved. I authorize verification of references given. I declare that the statements above are true and correct, and I agree that the landlord may terminate any agreement depending on any misstatement made above.

By submitting this application, I am giving Providential Property Management Inc permission to run a background check on myself and any co-signers.

I authorize any person, agency, or organization to release or exchange information for that purpose.

Applicant Name:       Date:

Applicant Signature: 

Co-Applicant Name:       Date:

Co-Applicant Signature: 