|  |  |
| --- | --- |
| 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: 