AMERICAN APARTMENT	APPLICATIO	N TO RENT	☐ TENAN	Г 🗌 СО-ТЕ	NANT 🗆	GUARA	NTOR/CO-	SIGNOR		
Property Addres	S		City	/	:	State	Zip			
PERSONAL INFORMATION										
First Name:				Mothe	r's Maide	n Name:				
Middle Name:				Driver'	s License	# & State	9:			
Last Name:				Social Security Number:						
AKA /Nickname:				Email A	Address: _					
Home Phone:()	Cell Phone:(()		Work:()	Fax:()		
Date of Birth: M	M/DD/YYYY	/ /								
OTHER PROPOSED OCCUPANTS (Including Minors) ALL OCCUPANTS OVER 18 YEARS OF AGE MUST COMPLETE A SEPARATE APPLICATION Applicants in the State of Ohio: SKIP THIS SECTION										
First Name	Middle Initial	Last Name	Relat	tionship	Socia	l Security I	Number	Date of Birth		
	Ì		ADDRESS HIS	TORY (10 Years	s)		Ī			
Current Address	S			Unit	t #		□ Own	☐ Rent		
City			State	Zip Code		(Country			
From I	I To	1 1	Mo	nthly Payme	ent/Renta	l Amour	nt \$			
Landlord/Manag Reason for leavi	·					Phone:	()			

	Monthly Payment/Rental Amount 5				
Landlord/Manager Name: Reason for leaving this address	Phone: ()				
Previous Address	Unit # ☐ Own	□ Rent			
CityState_	Zip Code Country				
From	Monthly Payment/Rental Amount \$				
Landlord/Manager Name: Reason for leaving this address	Phone: ()				
Previous Address	Unit # ☐ Own	☐ Rent			
CityState_	Zip Code Country				
From To	Monthly Payment/Rental Amount \$				
Landlord/Manager Name:	Phone: ()				
Reason for leaving this address					
Auto Make Model Year	Color Lic. #	State			
Auto MakeModelYear	ColorLic. #	State			
Pets Number & Type:	Weight:				

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	FINANCIAL I	NFORMATION (Use extra s	sheet if necessary)		
NAME OF CREDITOR		ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE DUE	
NAME OF BANK BRANCH		ACCOUNT NUMBER	TYPE OF ACCOUNT	ACCOUNT BALANCE	
NAME	1	SONAL REFERENCES AND I		DUONE KNOWN	CINICE
NAIVIE	RELATIONSHIP	ADDRESS		PHONE KNOWN	SINCE
		EMERGENCY CONTAC		I	
	EMPLO	YMENT INFORMATION (L	ast 10 Years)		
Current Employer:		Add	ress:		
City					
Employed Since I	Month	nly Gross Income \$			
Supervisor Name:		Phone: ()	Verify Em	ployment: ()	
Previous Employer:					
City					
Employed Since I	I Month	nly Gross Income \$			
Supervisor Name:		Phone: ()	Verify Em	ployment: ()	
Have you ever: ☐ Been Convict	ed of a Crime?	☐ Been Evicted?	☐ Filed for Bankrupto	cy? ☐ Broken a Lease?	
Applicant represents that statemed limited to credit checks, criminal upon request. Applicant agrees to of application consideration.	al checks, unlawful	l detainer checks, telech	eck and agrees to fur	nish additional credit refe	rences
Applicant Signature			Date	Time	
We do business in accordance wi discriminate against any person befeels he or she has been discriminated by the best of the busing and Urban Development Next Steps (For Land	because of race, contact may to 1-800-669-9777	olor, religion, sex, handica	ap, familial status, or n	ational origin. Anyone who)
1. Screen Your Applica	nt at AAOA.co , and eviction re	port to make an inform	_	decision. Simply provident to you.	e
2. Download a State-Sp	ecific Lease A	Agreement			
Build a custom lease an	d access 150+ fo	orms for landlords at A	AOA.com.		
Choose State-Speci Created by Legal Pr		Answer Que Customize Y		Instantly Download and Print	

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