



Picerne Real Estate Group Rental Application



Please print or type on top of lines provided.
Each applicant must submit a separate application.

Equal Housing
Opportunity

A P P L I C A N T	Applicant's Name _____		D.O.B. _____		Soc. Sec. # _____	
	() - () - ()		() - () - ()		() - () - ()	
	Home Phone # _____		Work Phone # _____		Cell Phone # _____	
	Emergency Contact's (E.C.) Name _____		Relationship to you _____			
	Emergency Contact's (E.C.) Address _____		Apt. # _____		City _____ State _____ Zip Code _____	
3 Y E A R R E S I D E N C Y	E.C.'s Home Phone # _____		E.C.'s Work Phone # _____		E.C.'s Cell Phone # _____	
	E.C.'s Email address _____					
	Present Street Address _____		Apt. # _____		City _____ State _____ Zip Code _____	
	Dates: From - To _____		Yes / No Own home? _____		\$ _____ Rent _____	
	Landlord's Name _____		Landlord's Phone # _____			
I N C O M E & A S S E T S	Previous Street Address (1) _____		Apt. # _____		City _____ State _____ Zip Code _____	
	Dates: From - To _____		Yes / No Own home? _____		\$ _____ Rent _____	
	Landlord's Name _____		Landlord's Phone # _____			
	Previous Street Address (2) _____		Apt. # _____		City _____ State _____ Zip Code _____	
	Dates: From - To _____		Yes / No Own home? _____		\$ _____ Rent _____	
O T H E R	Landlord's Name _____		Landlord's Phone # _____			
	Current Employer (1) _____		Employer's Street Address _____		City _____ State _____ Zip Code _____	
	Position _____		Dates: From - To _____		\$ _____ Annual Gross Income _____	
	Verification Contact _____		() - () - ()		Contact's Phone # _____ Contact's Fax # _____	
	Contact's Email address _____					
A S S E T S	Current Employer (2) - if applicable _____		Employer's Street Address _____		City _____ State _____ Zip Code _____	
	Position _____		Dates: From - To _____		\$ _____ Annual Gross Income _____	
	Verification Contact _____		() - () - ()		Contact's Phone # _____ Contact's Fax # _____	
	Contact's Email address _____					
	\$ _____ Amount of Other Income/Assets		Source of Other Income/Assets _____			
O T H E R	Other Occupant's Name: Co-applicant / Dependant _____		D.O.B. _____		Yes / No Do you own a pet? _____ If "Yes," describe _____	
	Other Occupant's Name: Co-applicant / Dependant _____		D.O.B. _____		How did you hear about us? _____	
	Other Occupant's Name: Co-applicant / Dependant _____		D.O.B. _____		Vehicle Year _____ Color _____ Make & Model _____	
	Co-signer / Guarantor _____		D.O.B. _____		License Plate / Issuing State _____ Driver's License # / Issuing State _____	

FOR OFFICE USE ONLY		
Monthly Rent Apartment: \$ _____ Furniture Fees: \$ _____ Parking Fees: \$ _____ Other Fees: \$ _____ Total Monthly Rent: \$ _____	Property: _____ Apt. #: _____ Apt. Address: _____ _____ Apt. Size: _____ Floor: _____ Date of Possession: _____ Lease From: _____ To: _____ # of Occupants: _____ Agent: _____	Balance due prior to Move-in Pro-rate: \$ _____ 1st Month's Rent: \$ _____ Security Deposit: \$ _____ Pet Fee: \$ _____ Credit on Account: \$(_____) Total Due*: \$ _____
Make checks payable to: _____ Comments: _____ _____		*Balance due prior to move-in is subject to change and must be paid in the form of a Certified Check or Money Order.

Received a non-refundable application fee of \$ _____ and a holding deposit of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application.

This application will be processed in accordance with the applicable property's Resident Selection Criteria Policy in effect on the date of application. I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Applicant's printed name _____ revised 1/07

Applicant's signature _____ Date _____

Owner/Agent's signature _____ Date _____