RENTAL APPLICATION - PAGE 1

THE A&W CO.

Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this form COMPLETELY and sign where indicated.

PERSONAL INFORMATION								
FIRST NAME	MIDDLE		LAST		S.S.#	-		
DATE OF BIRTH / /	When would yo	u like to move in?			DRIVERS LICENSE #	STATE		
PHONE	Cell 🔲 Home	PHONE	EXT.	🗋 HOME 🛄 WORK	EMAIL			
PRESENT HOME ADDRESS			CITY/STATE/ZIP					
LENGTH OF TIME		PRESENT LANDLORD			LANDLORD PHONE	-		
REASON FOR LEAVING			AMOUNT OF RENT		Is your present rent up to date?	YES 🗋 NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP					
LENGTH OF TIME		PREVIOUS LANDLORD			LANDLORD PHONE	-		
REASON FOR LEAVING		-	AMOUNT OF RENT		Was your rent up to date?	YES 🗋 NO		
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		-			
LENGTH OF TIME		NEXT PREVIOUS LANDLORD	•		LANDLORD PHONE	-		
REASON FOR LEAVING			AMOUNT OF RENT		Was your rent up to date?	YES 🗋 NO		

PROPOSED OCCUPANT(S)							
NAME	RELATIONSHIP	OCCUPATION	AGE				
NAME	RELATIONSHIP	OCCUPATION	AGE				
NAME	RELATIONSHIP	OCCUPATION	AGE				
NAME	RELATIONSHIP	OCCUPATION	AGE				
NAME	RELATIONSHIP	OCCUPATION	AGE				

PROPOSED PET(S)							
NAME	TYPE/BREED			AGE			
NAME	TYPE/BREED			AGE			
NAME	TYPE/BREED			AGE			

		VEHICLE(S) I	NFORMATION		
YEAR	МАКЕ	MODEL	COLOR	PLATE #	STATE
YEAR	МАКЕ	MODEL	COLOR	PLATE #	STATE

	EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION		HOURS/WEEK
SUPERVISOR	PHONE	EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP		•
CURRENT EMPLOYER	OCCUPATION		HOURS/WEEK
SUPERVISOR	PHONE	EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP		•

	INCOME	
CURRENT \$ WEEKLY DIBWEEKLY MONTHLY VEARLY	SOURCE	PROOF OF INCOME YES NO
CURRENT \$ WEEKLY DIBWEEKLY MONTHLY VEARLY	SOURCE	PROOF OF INCOME
CURRENT \$ WEEKLY DIBWEEKLY DIMONTHLY VEARLY	SOURCE	PROOF OF INCOME
		Page 1 of 2



RENTAL APPLICATION - PAGE 2

THE A&W CO.

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CREDIT	CARD / FINANCIAI	_ INFORMATION			
CAR LOAN LIEN HOLDER	BALANCE OWED	Monthly Payment	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	Monthly Payment	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	Monthly Payment	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	Monthly Payment	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	Monthly Payment	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	Monthly Payment	ACCOUNT NUMBER		

EMERGEN	CY / PER	SONA	AL RE	FERENCE INF	ORMATION		
EMERGENCY CONTACT	PHONE	-	-	CELL 🔲 HOME	PHONE _	-	🗋 HOME 🔲 WORK
RELATION	ADDRESS				CITY/STATE/ZIP		
EMERGENCY CONTACT	PHONE	_	_	CELL 🔲 HOME	PHONE _	_	🗋 HOME 🔲 WORK
RELATION	ADDRESS				CITY/STATE/ZIP		
PERSONAL REFERENCE	PHONE	_	_	CELL L HOME	PHONE _	_	HOME 🔲 WORK
RELATION	ADDRESS				CITY/STATE/ZIP		
PERSONAL REFERENCE	PHONE	_	-	CELL 🔲 HOME	PHONE _	_	HOME 🔲 WORK
RELATION	ADDRESS				CITY/STATE/ZIP		

APPLICANT QUESTIONNAIRE / AUTHORIZATION						
Has applicant ever been sued for bills?	YES	🔲 NO	Has applicant ever been locked out of their apartment by the sheriff?	YES	NO NO	
Has applicant ever been bankrupt?	Tes 🗋	🔲 NO	Has applicant ever been brought to court by another landlord?	TES	NO	
Has applicant ever been guilty of a felony?	Tes I		Has applicant ever moved owing rent or damaged an apartment?	YES	NO	
Has applicant ever broken a Lease?	YES		Is the total move-in amount available now (rent and deposit)?	YES	NO	

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

APPLICANT SIGNATURE

DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES:

X

Submit completed and signed application form to TheAandWco@gmail.com.

