

# Imperial Gardens Rental Application



## Applicant Information

Name:		Drivers License or ID Number: State		Number
Date of Birth:	SSN:	Phone:		
Current address:				
City:		State:	ZIP Code:	
Own	Rent (Please circle)	Monthly payment or rent: \$		How long?
Previous address:				
City:		State:	ZIP Code:	
Owned	Rented (Please circle)	Monthly payment or rent: \$	How long?	# of Family Members _____ Request 2 Bedroom _____ Request 3 Bedroom _____

## Current Income Information – Employment, Child Support, SSI, SS, etc

Name of Income Source(s):				
Employer address:				How long?
Phone:		E-mail:		Fax:
City:		State:	ZIP Code:	
Position:		Hourly	Salary (Please circle)	Total Monthly income:

## Emergency Contact

Name of a person not residing with you:				
Address:				
City:		State:	ZIP Code:	Phone:
Relationship:				

## Co-applicant Information → Any Member over 18 years of Age (Use additional Applications if needed)

Name:		Drivers License or ID Number: State		Number
Date of birth:	SSN:	Phone:		
Current address:				
City:		State:	ZIP Code:	
Own	Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:				
City:		State:	ZIP Code:	
Owned	Rented (Please circle)	Monthly payment or rent:		How long?

## Co-applicant Current Income Information – Employment, Child Support, SSI, SS, etc

Name of Income Source(s):				
Employer address:				How long?
Phone:		E-mail:		Fax:
City:		State:	ZIP Code:	
Position:		Hourly	Salary (Please circle)	Total Monthly income:

## Landlord References – Must be able to Verify Previous Rental History

Name of Landlord:	Address of Rental Property	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: