The Betsey Mills Club - Rental Application

Office Use Date received: \_\_\_\_\_\_\_\_

Approved Y N Date approved: \_\_\_\_\_\_\_

Room # \_\_\_ Move in Date: \_\_\_\_\_\_\_\_

Move out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | |
| Name: | | | | | | | | | |
| 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? | |
| Have you lived here before? Y N | Date: | | Did you leave on good terms? | | | | | | |
| Employment Information | | | | | | | | | |
| Current employer: | | | | | | | | | |
| Employer address: | | | | | | | | How long? | |
| Phone: | | | | E-mail: | | Fax: | | | |
| City: | State: | | | | | ZIP Code: | | | |
| Position: | Hourly Salary (Please circle) | | | | | Annual income: | | | |
| Emergency Contact | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | | | | ZIP Code: | | | Phone: | |
| Relationship: | | | | | | | | | |
| Financial Information: | | | | | | | | | |
| Source of Income: | | | | | | | | | |
| Monthly Income | | How long? | | | | Phone: | | | |
| Do you have a payee? Yes \_\_\_ No \_\_\_\_ | | If yes Name of Payee: | | | | | | | |
| Payee Address: | | City: | | | | State: | | | |
| ZIP Code: | Phone Number: | | | | | | | How long? | |
| **Medical Information** | | | | | | | | | |
| Do you have any disabilities? Yes \_\_\_ No \_\_\_ | | List all Disabilities: | | | |  | | | |
|  | |  | | | | | |  | |
| List all Allergies: | | | | | | | | | |
| List all medical/mobility/mental health conditions that affect you currently or in the past 5 years? | | | | | | | | | |
|  | | | | | | | | | |
| Legal History | | | | | | | | | |
| Have you been arrested or convicted of a crime? Yes \_\_\_ No \_\_\_ If yes provide details below | | | | | | | | | |
|  | | | | | Date: | | City: | | State: |
|  | | | | | Date: | | City: | | State: |
|  | | | | | Date: | | City: | | State: |
| References | | | | | | | | | |
| Name: | | Address: | | | | | | Phone: | |
| Name: | | Address: | | | | | | Phone: | |
| Name: | | Address: | | | | | | Phone: | |
| I authorize the verification of the information provided on this form as to my legal, medical, credit and employment. | | | | | | | | | |
| Signature of applicant: | | | | | | | | Date: | |