



Solo Properties, LLC

Beautiful Homes For Rent Valleywide

TENANT APPLICATION

HOW DID YOU HEAR ABOUT THIS RENTAL UNIT?		
<input type="checkbox"/> Sign <input type="checkbox"/> Other Tenant <input type="checkbox"/> Internet Ad <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Realtor <input type="checkbox"/> Solo Properties Website		
Do you wish to have a pet on/in the rental property? <input type="checkbox"/> No <input type="checkbox"/> Yes Type & Weight:		Have you ever been evicted? <input type="checkbox"/> No <input type="checkbox"/> Yes (as either a commercial or residential tenant)
Have you ever filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?	Do you smoke?	
What Chapter? Discharged? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?		
When do you plan on moving in?	How long do you anticipate staying?	How many vehicles do you wish to park on the Rental Property?
Do you currently have any debts in collections? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, about how many?	How is your credit? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Ooops	
Your Full Name:		
Your Current Address: (include apartment or unit number if any) May I Call for Reference? <input type="checkbox"/> No <input type="checkbox"/> Yes		
City, State, Zip:		How Long There:
What is your telephone number? <input type="checkbox"/> Home <input type="checkbox"/> Cell Phone Number:	A second telephone number? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> None Phone Number:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (Explain):	Lender's/Landlord's Name:	Lender's/Landlord's Phone Number:
Present Amount of Rent or Payment: \$	Why are you moving?	Can you afford the rent on this unit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your Previous Address: (include apartment or unit number if any) (only if less than 5 years at current address)		
City, State, Zip: (if less than 5 years total, continue on back of form)		How Long There:
Current Employer and Job Title: (if less than 5 years, continue below) May I Call for Reference? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Address:		How Long Employed:
Work Phone Number:	Gross Monthly Income: \$	Additional Income: \$ Source:
Your Previous Employer and Job Title: (only if less than 5 years at current employer)		
Address: (if less than 5 years total, continue on back of form)		
Do you have any outstanding warrants for arrest? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, for what?		
Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain on back of form.		
Do you use illegal drugs or do you engage in the distribution or sale of illegal drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Applicants declare that the foregoing information is true and complete. Providing false information on the Application is grounds for non-approval or termination. Applicant authorizes Landlord to obtain information regarding credit history, confidential information and criminal background from any source and/or anyone listed on this form. Landlord charges and collects herewith a nonrefundable application fee; this fee is used to defray the administrative expense of processing and screening applications.		
Print Name:	Signature:	Date:
Application Fee: \$ 30.00	Social Security Number:	Date of Birth:

A Tenant Application Form must be completed for each Adult Tenant.