



Rental Application

Please complete all requested information. Completed application can be emailed to: Sedel@TompkinsConstruction.com. Applicants are required to purchase a credit check prior to approval. Excellent credit is required.

Address of Requested Unit _____

Desired Date of Occupancy _____ Application Date _____

Personal Information

Applicant's Full Name _____ Date of Birth _____

Driver's License Number & State _____ Phone _____

Email _____

Co-Applicant's Full Name _____ Date of Birth _____

Driver's License Number & State _____ Phone _____

Email _____ Relationship to Applicant _____

| Full Names of All Other Residents | Date of Birth | Relationship to Applicant |
|-----------------------------------|---------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name of Pet _____ Breed _____ Age _____

Name of Pet _____ Breed _____ Age _____

Residence History

Present Address _____ State _____ Zip _____

Resided from _____ to _____ Monthly Payment _____

Landlord or Mortgage Company _____ Phone _____

Reason for Moving _____

Previous Address _____ State _____ Zip _____

Resided from _____ to _____ Monthly Payment _____

Landlord or Mortgage Company _____ Phone _____

Reason for Moving _____

Employment Information

Present Employer _____ From _____ to _____

Employer's Address _____ Phone _____

Position _____ Supervisor _____ Gross Monthly Salary _____

Co-Applicant's Present Employer _____ From _____ to _____

Employer's Address _____ Phone _____

Position _____ Supervisor _____ Gross Monthly Salary _____

Credit References

Bank Name & Branch _____ Phone _____

Do you have any loans? If yes, specify _____

Credit Reference _____ Phone _____

Credit Reference _____ Phone _____

Gross Monthly Household Income _____

If there are additional sources of income you would like considered, please list below

Source _____ Amount _____ Per _____

Source _____ Amount _____ Per _____

Vehicle(s) to be Parked at Residence

Make/Model _____ Year _____ Color _____ License Plate _____

Make/Model _____ Year _____ Color _____ License Plate _____

Make/Model _____ Year _____ Color _____ License Plate _____

Emergency Contacts

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Additional Information

Has the applicant or co-applicant ever:

Been sued for non-payment of rent? ___ Yes ___ No

Been evicted or asked to move out? ___ Yes ___ No

Broken a rental agreement or lease? ___ Yes ___ No

Been sued for damaged rental property? ___ Yes ___ No

Declared bankruptcy? ___ Yes ___ No If yes, when? _____

Been convicted of a crime? ___ Yes ___ No If yes, please describe _____

How did you discover this property? _____

Authorization

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Owner if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Owner or Owner's agents to verify the information on the application. Verification or re-verification of any information contained in this application will be retained by the Owner.

Applicant Signature Printed Name Date

Co-Applicant Signature Printed Name Date