



Rental Application

Deposit paid to reserve an apartment/house is refundable only after completion of lease contract. In the event of cancellation, deposit paid is non-refundable. _____ Initial _____ Date _____

ID card Passport
 Application fee Deposit _____
Apartment _____
Move In _____

Full name: _____

Your Spouse name: _____

Your street address (on your ID card): _____

Spouse Driver's license #: _____ State: _____

Driver's license #: _____ State: _____

Spouse Social Security #: _____

Your Social Security #: _____

Date of Birth: _____ Height: _____ Weight: _____

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Sex: Male / Female Eye color: _____ Hair Color: _____

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Are you a U.S. citizen? Yes / No

Marital Status: Single / Married / Divorced / Widowed / Separated

Spouse phone: _____

Are you a U.S. citizen? Yes / No Do you smoke? Yes / No

Spouse Email address: _____

Will you have an animal? Yes / No What kind: _____

Present employer: _____

Dogs or cats are prohibited. Contact our officer if you will have other kinds

Address: _____

Current home address: _____

Work Phone: _____ Gross Monthly income: _____

Your phone: _____

Position: _____ Date started _____

Your Email address: _____

Supervisor's name and phone: _____

Name of apartment where you now live: _____

List all persons (under 18) who will occupy without signing the lease contract.

Current rent: \$ _____ Their phone: _____

Name: _____

Date move in: _____ Date you will move out: _____

Sex: _____ Date of Birth: _____ Relationship: _____

Why are you moving out: _____

ID card # and state: _____

Previous home address: _____

Name: _____

Name of previous apartment where you lived: _____

Sex: _____ Date of Birth: _____ Relationship: _____

Previous rent: \$ _____ Their phone: _____

ID card # and state: _____

Date moved in: _____ Date you moved out: _____

Vehicles operated by you, your spouse, or any occupants.

Present employer: _____

Make: _____ Model: _____

Address: _____

Color: _____ Year: _____ State: _____

Work Phone: _____

Make: _____ Model: _____

Gross Monthly income: _____

Color: _____ Year: _____ State: _____

Position: _____ Date started _____

Emergency Contact person over 18, who will not be living with you. We may allow the persons to enter your dwelling and mailbox if you die or are seriously ill, missing, or incarcerated.

Supervisor's name and phone: _____

Name: _____

Previous employer: _____

Relationship: _____

Position: _____ Gross monthly income: _____

Address: _____

Date started and ended: _____

Contact Phone: _____

Previous supervisor's name and phone: _____

By signing below, I or we authorize Jackson Chang Apartment to verify/share/obtain all available means regarding the information above, including credit history, criminal and/or public record.

Have you/your spouse/occupants been evicted or ask to move out? Yes / No
Have you/your spouse/occupants been charged, detained, or arrested for a felony, misdemeanor, or sex-related crime? Yes / No If yes, please specify _____

Applicant's signature _____

Spouse's signature _____