

Application for Rental Property - Hiltz Management

In order for us to process your application quickly, all questions must be answered.

(Please note there is a \$30 credit checking fee for every application.)

Fax: 704-375-7312 Phone: 704-333-3355

PERSONAL **Property applying for:** _____ Move in Date: _____ Rent: _____

Applicants Name: _____ Birth Date _____ / _____ / _____

Social Security No: _____ - _____ - _____ Marital Status Married Single Divorced Separated

Spouses Name _____ Birth Date _____ / _____ / _____

Social Security No: _____ - _____ - _____ **Phone:** _____

Names & Ages of anyone else who will occupy the residence & relationship:

1. Name _____ Age: _____ Relationship: _____

2. Name _____ Age: _____ Relationship: _____

3. Name _____ Age: _____ Relationship: _____

4. Name _____ Age: _____ Relationship: _____

RESIDENCE

Present Address: _____ How Long: _____ years _____ months

City, State, Zip _____

Landlord's Name: _____ Telephone: _____

Reason for Moving: _____

Former Address: _____ How Long: _____ years _____ months

Landlord's Name: _____ Telephone: _____

EMPLOYMENT

Applicants Employer: _____ Supervisor: _____

Employers Address: _____ Telephone: _____

Position Held: _____ How Long: _____ years _____ months

Salary: _____ Monthly

Previous Employer: _____ Telephone: _____

Employer - Spouse: _____ Supervisor: _____

Employers Address _____ Telephone: _____

Position Held: _____ How Long: _____ years _____ months

Salary: _____ Monthly

Previous Employer: _____ Telephone: _____

BANKS - CREDIT

Name of Bank: _____ Branch: _____
 A/C No: _____ Type of Account: Checking _____ Savings _____
 City: _____ State: _____ Person to Contact: _____
 Name of Bank: _____ Branch: _____
 A/C No: _____ Type of Account: Checking _____ Savings _____
 City: _____ State: _____ Person to Contact: _____

CREDIT REFERENCE:

1 _____ A/C No: _____ Telephone: _____
 2 _____ A/C No: _____ Telephone: _____
 3 _____ A/C No: _____ Telephone: _____
 4 _____ A/C No: _____ Telephone: _____

GENERAL INFORMATION

Pet(s) Number: _____ Weight(s): _____
 Type(s) _____ Housebroken: Yes _____ No _____
 Age(s) _____

Vehicle Information:

1. Make _____ Mode: _____ Year: _____ Color: _____ License No. _____ State _____
 2. Make _____ Mode: _____ Year: _____ Color: _____ License No. _____ State _____
 Drivers License No. Applicant: _____ State: _____
 Drivers license No. Spouse: _____ State: _____

CHARACTER REFERENCES

1 _____ Telephone: _____
 2 _____ Telephone: _____

HAS APPLICANT, SPOUSE, OR ANY OTHER PROPOSED RESIDENT EVER:

FILED FOR BANKRUPTCY? YES _____ NO _____
 BEEN EVICTED FROM TENANCY? YES _____ NO _____
 WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES _____ NO _____
 HAS A CRIMINAL RECORD? YES _____ NO _____

EMERGENCY CONTACT:

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____
 Telephone: _____
 Doctor: _____ Hospital: _____
 Telephone: _____
 Remarks: _____