

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 \$40 credit checking fee for every application.)

Fax: 704-375-7312 Phone: 704-333-3355 Email: info@hiltzmanagement.com

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

Applicants Name: _____ **Birth Date** _____ / _____ / _____

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

Phone: _____

Spouses Name _____ **Birth Date** _____ / _____ / _____

Social Security No: _____ - _____ - _____ **Email:** _____
(must provide)

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: _____

City: _____ State: _____

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: _____