



383 N State St Ste. 101  
 OREM, UT. 84057  
 PHONE: 801-802-7253  
 FAX: 801-802-7653  
 www.HomeBasicsRealEstate.net

## RENTAL APPLICATION

Incomplete forms will not be considered. Unless married, all applicants over 18 years old must complete a separate application and pay the application fee.

**APPLICANTS ARE REQUIRED TO PAY A \$25.00 non-refundable PROCESSING FEE.**

DATE: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_ UNIT ADDRESS: \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ **OTHER #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE ISSUED:** \_\_\_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ **OTHER #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE ISSUED:** \_\_\_\_\_

**PRESENT ADDRESS**

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LANDLORD'S NAME:** \_\_\_\_\_ **LANDLORD'S PHONE:** \_\_\_\_\_

**DATE IN:** \_\_\_\_\_ **DATE OUT:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**MONTHLY RENTAL AMOUNT:** \_\_\_\_\_

**PREVIOUS ADDRESSES**

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LANDLORD'S NAME:** \_\_\_\_\_ **LANDLORD'S PHONE:** \_\_\_\_\_

**DATE IN:** \_\_\_\_\_ **DATE OUT:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**MONTHLY RENTAL AMOUNT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LANDLORD'S NAME:** \_\_\_\_\_ **LANDLORD'S PHONE:** \_\_\_\_\_

**DATE IN:** \_\_\_\_\_ **DATE OUT:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**MONTHLY RENTAL AMOUNT:** \_\_\_\_\_

NAMES OF OTHER OCCUPANTS	AGE	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE #

HAVE YOU OR ANY OTHER OCCUPANTS EVER:  
 FILED FOR BANKRUPTCY:  yes  no  
 BEEN SERVED AN EVICTION NOTICE:  yes  no  
 BEEN ASKED TO LEAVE A PROPERTY:  yes  no  
 ARE YOU IN THE MILITARY:  yes  no  
 ARE YOU LIVING IN THE US LEGALLY:  yes  no

(if yes)  
 WHAT YEAR: \_\_\_\_\_  
 REASON: \_\_\_\_\_  
 REASON: \_\_\_\_\_



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DO YOU SMOKE?  yes  no DO YOU HAVE ANY PETS?  yes  no WHAT KIND: \_\_\_\_\_

**APPLICANT CURRENT EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ MONTHLY SALARY: \$ \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 LENGTH OF EMPLOYMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

**CO-APPLICANT EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ MONTHLY SALARY: \$ \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 LENGTH OF EMPLOYMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERSONAL REFERENCE**

NAME	PHONE	LENGTH OF ACQUANTANCE

NAME OF YOUR BANK: \_\_\_\_\_ CHECKING ACCT. #: \_\_\_\_\_  
 SAVINGS ACCT #: \_\_\_\_\_

**VEHICLE INFORMATION**

MAKE/MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_  
 MAKE/MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING BUT NOT LIMITED TO THE OBTAINING OF CREDIT REPORT AND AGREES TO FURNISH ADDITIONAL CREDIT REFERENCES ON REQUEST.

THE UNDERSIGNED MAKES APPLICATION TO RENT HOUSING ACCOMODATIONS LISTED ABOVE FOR RENTS OF \$ \_\_\_\_\_ PER MONTH AND UPON APPROVAL OF THIS APPLICATION AGREES TO SIGN A RENTAL OR LEASE AGREEMENT AND TO PAY ALL SUMS DUE, INCLUDING DEPOSITS, BEFORE OCCUPANCY.

\_\_\_\_\_  
 SIGNED DATE

\_\_\_\_\_  
 SIGNED DATE



Home Basics Real Estate supports, and is committed to equal housing opportunity. We do not discriminate against anyone on the basis of race, color, religion, sex, disability, familial status, national origin, or source of income.