Team Jennine

Bob Leigh & Associates Realtors

Rental Credit Application

Name of property applying for_____ Agent assisting you _____Date_____

APPLICANT #1

Name _____ SS#_____D.O.B._____D.L.# _____

Home Phone_____ Cell Phone _____Email Address _____Car Tag_____

APPLICANT #2

Name_____SS#_____D.O.B._____D.L.#_____

Home Phone_____ Cell Phone _____ Email Address _____Car Tag_____

CURRENT RESIDENCE

APPLICANT #1 Current rent amount? _____ Number of Occupants____ Pets: yes/no Smoker: yes/no

Current Address _____ City _____ST___ Zip _____ How Long? _____

Rent/Own _____ Landlord's Name _____ Phone _____Fax _____

APPLICANT #2 Current rent amount? _____ Number of Occupants____ Pets: yes/no Smoker: yes/no

Current Address _____ City _____ST___ Zip _____ How Long? _____

Rent/Own _____ Landlord's Name _____ Phone _____Fax _____

EMPLOYMENT

APPLICANT #1 Employer _____ Phone _____ Fax _____

Address _____ City _____ ST ____ How Long?____

Supervisor _____ Contact #_____Salary _____ (Income per month)

APPLICANT #2 Employer _____ Phone _____ Fax _____

Address _____ City _____ ST ____ How Long?____

Supervisor _____ Contact #_____Salary _____ (Income per month)

****PLEASE PROVIDE COPY OF YOUR LAST 2 PAYCHECK STUBS****

**** PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE/STATE I.D. ****

I/We hereby authorize Bob Leigh & Associates Realtors, LLC including any employess, agent/broker or owner/landlord to pull a credit report on me/us. The cost of the Credit report/Background check is $35.00 per social security number and is non-refundable regardless of acceptance of the property rental.

Signature _____ Date _____

Signature _____ Date _____

Please provide any additional information you feel the owner/property manager would like to know about you:

_____
_____
_____
_____
_____
_____
_____
_____

****APPLICATION CANNOT BE PROCESSED UNTIL ALL INFORMATION REQUESTED IS OBTAINED!****

To: Human Resources

From: Bob Leigh & Associates Realtors

We need to verify employment on the following people:

APPLICANT #1

Name _____ **Address** _____

SSN _____ **Date of Hire** _____ **Date of Termination** _____

Company Name _____ **Contact Person** _____

Phone # _____ **Fax #** _____

SECONDARY EMPLOYMENT (if applicable)

Name _____ **Address** _____

SSN _____ **Date of Hire** _____ **Date of Termination** _____

Company Name _____ **Contact Person** _____

Phone # _____ **Fax #** _____

APPLICANT # 2

Name _____ **Address** _____

SSN _____ **Date of Hire** _____ **Date of Termination** _____

Company Name _____ **Contact Person** _____

Phone # _____ **Fax #** _____

SECONDARY EMPLOYMENT (if applicable)

Name _____ **Address** _____

SSN _____ **Date of Hire** _____ **Date of Termination** _____

Company Name _____ **Contact Person** _____

Phone # _____ **Fax #** _____

Thank you for your cooperation,

Bob Leigh & Associates Realtors

I hereby authorize my employer to verify the above information to Bob Leigh & Associates.

Applicant Signature _____ **Print Name** _____

BOB LEIGH & ASSOCIATES REALTORS Fax # 662-890-9803

APPLICANT #1

To: Whom It May Concern

From: Bob Leigh & Associates Realtors

We need to verify past rental history on the following people:

Name _____ Address _____

Phone # _____ Fax # _____ SSN _____

Dates of lease _____ to _____ Number of times late: _____Eligible to rent again? Yes/No

Condition of Property_____
_____

Thank you for your cooperation,

Bob Leigh & Associates Realtors

I hereby authorize _____ (landlord) to verify the above information to Bob Leigh & Associates Realtors.

Applicant Signature _____ Print Name _____

Bob Leigh & Associates Realtors Fax# 662-890-9803

APPLICANT #2

To: Whom It May Concern

From: Bob Leigh & Associates Realtors

We need to verify past rental history on the following people:

Name _____ Address _____

Phone # _____ Fax # _____ SSN _____

Dates of lease _____ to _____ Number of times late: _____Eligible to rent again? Yes/No

Condition of Property_____
_____

Thank you for your cooperation,

Bob Leigh & Associates Realtors

I hereby authorize _____ (landlord) to verify the above information to Bob Leigh & Associates Realtors.

Applicant Signature _____ Print Name _____

Bob Leigh & Associates Realtors Fax# 662-890-9803