



ROCKHILL TERRACE APARTMENTS RENTAL APPLICATION

Thank you for your interest in our apartments. Please complete the requested information on this form.

Desired Date of Occupancy: _____ **Date of Application:** _____ **Unit** _____

Non refundable credit /background check fee \$35 _____ Security Deposit Paid _____

Name _____ Social Security No. _____

Date of Birth _____ Your Phone Number _____ email _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Do you have a pet? _____ No cats or dogs are permitted due to allergies and wear and tear on the apartments.

PREVIOUS RESIDENCES

PRESENT Address: _____ For how long? _____

Telephone _____ Are you renting? _____ Amount of rent (mortgage payment): \$ _____

Present landlord: _____ Telephone _____

Reason for moving: _____

PREVIOUS Address: _____ For how long? _____

Landlord: _____ Telephone _____

Amount of rent: \$ _____ Reason for moving: _____

EMPLOYMENT HISTORY

Applicant's employer: _____ Address: _____

Telephone: _____ For how long? _____ Position held: _____

Supervisor: _____ Base Salary: \$ _____/month Additional Income: _____

Previous employer: _____ Address: _____

Telephone: _____ For how long? _____ Position held: _____

Supervisor: _____ Base Salary: \$ _____/month Additional Income: _____

BANK & CREDIT REFERENCES

Bank: _____ Name on Account: _____

City: _____ Account type: checking and/or savings _____

PERSONAL REFERENCE: NAME: _____

Relationship _____ Telephone: _____

VEHICLE & LICENSE INFORMATION

Applicant's Driver's License No. _____ Make of Car: _____ Year: _____

Color of car: _____ License No. _____ State _____ Do you have car insurance: _____

Insurance company name: _____ Name on car title: _____

