

Tenant Information Sheet

Rental Property Address:	
TENANT INFORMATION (To be completed by each Adult Tenant and each Adult Occupant whether or not they signed the lease)	
Name:	
Phone Number:	Date and Place of Birth:
Social Security Number:	Driver's License/State ID Number:
Other Resident: DOB:	Other Resident: DOB:
Person to Notify in Case of Emergency: (name and phone number)	
Current Employer:	Work Phone Number:
Address:	
Supervisor's Name:	Supervisor's Phone Number:
Your Job Title:	Gross Monthly Income:
How long with this employer?	May I call for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you wish to have an animal on/in the rental property? <input type="checkbox"/> No <input type="checkbox"/> Yes (type: _____)	Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No (as either a commercial or residential tenant) When: _____
Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ What Chapter? _____	Have you ever been convicted of a crime? (other than minor traffic) <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain on back)
How many vehicles do you wish to park on the Rental Property? ____ Any commercial vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long do you anticipate staying?	How is your credit? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Ooops
VEHICLE INFORMATION	
Make: _____ Model: _____	Year: _____ License Plate: _____
Make: _____ Model: _____	Year: _____ License Plate: _____
This information must be updated annually, when information changes, and upon request.	
Print Name: _____	
Signature: _____	Date: _____

Please fill out completely and return with copy of picture ID