

# CDI MANAGEMENT

## Student Housing

### Application to Rent

Complete separate application for each adult tenant.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

LAST FIRST MIDDLE  
Drivers Lic./ID #: \_\_\_\_\_ State: \_\_\_\_\_ Birth date: \_\_\_\_\_  
MONTH-DAY-YEAR

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### CURRENT

Address: \_\_\_\_\_

STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Tel: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#### PREVIOUS

Address: \_\_\_\_\_

STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Tel: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#### SECOND PREVIOUS

Address: \_\_\_\_\_

STREET UNIT # CITY STATE ZIP

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid: Month \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Tel: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#### CURRENT EMPLOYMENT

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Salary/Mo: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates of Employment-From: \_\_\_\_\_ To: \_\_\_\_\_

#### PREVIOUS EMPLOYMENT

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Salary/Mo: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates of Employment-From: \_\_\_\_\_ To: \_\_\_\_\_

WHEN DO YOU PLAN TO MOVE IN? Date: \_\_\_\_\_

Applicant represents that statements made are true and correct and hereby authorizes owner's periodic verification of credit, income and references to include but not limited to credit, unlawful detainer and bounced checks and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification via check made payable to which check shall accompany this Application. Such payment is a part of the application process and there is a charge for the administrative costs of application consideration. If applicant's check is returned "NSF", owner shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

I hereby apply to rent/lease Apartment No: \_\_\_\_\_ at \_\_\_\_\_

for \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY THE UNIT** – Please put “F” for full time or “P” for part time after each name.

If this box is checked there shall be no additional occupant(s).

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

1. Have you ever had any credit problems?  **YES**  **No**
2. Have you ever had any unlawful detainer filed against you?  **YES**  **No**
3. Have you ever been evicted for non-payment of rent or for any other reason?  **YES**  **No**
4. Have you ever filed bankruptcy?  **YES**  **No**
5. Have you ever been convicted of a felony?  **YES**  **No**
6. Do you have any pets?  **YES**  **No** If Yes, how many? \_\_\_\_\_  
Describe: \_\_\_\_\_
7. Will you be using any water-filled furniture in your residence?  **YES**  **No** If Yes, do you have insurance coverage?  **YES**  **No**
8. Do you have any musical instruments?  **YES**  **No** If yes, what kind? \_\_\_\_\_
9. Do you smoke?  **YES**  **No** Does any other proposed occupant smoke?  **YES**  **No**
10. Please explain “YES” answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**BANKING INFORMATION**

Name of Bank/S&L/Credit Union: \_\_\_\_\_ Branch or Address: \_\_\_\_\_

Checking #: \_\_\_\_\_ Aprox. Bal: \_\_\_\_\_

Savings #: \_\_\_\_\_ Aprox. Bal: \_\_\_\_\_

Name of Bank/S&L/Credit Union: \_\_\_\_\_ Branch or Address: \_\_\_\_\_

Checking #: \_\_\_\_\_ Aprox. Bal: \_\_\_\_\_

Savings #: \_\_\_\_\_ Aprox. Bal: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_

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**CREDIT REFERENCES (Credit Card/Car Payments/Other Loans)**

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

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**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)**

Are you the registered owner?  **YES**  **No** If not, who? \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Do you have Automobile Insurance?  **YES**  **No**