

RENTAL APPLICATION

Landlord: Belden Real Estate Management Tel. (801) 695-2020
 P.O Box 1614
 Layton, Utah 84041

FAX TO 801-416-0784

Property Address: _____

Move In Date: _____
 Lease Term: _____
 Unit#: _____ Rent Amt: \$ _____
 New Applicant Add on Lease
 Co - Signer for _____
 Rental App Fee Paid \$ _____

Credit Check Criminal Check Employment Verification Rental History Verification Eviction Check

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK! EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION					
Applicant's Name (full legal name)					<input type="checkbox"/> SR <input type="checkbox"/> JR
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Maiden Name:	Cell No.	Pager No	
Social Security #	-- --		Date of Birth		
Driver's License #		State Issued	Expiration Date		
Have you ever been convicted of a crime (minor traffic not included)?					
If yes, give details:					

EMPLOYMENT HISTORY					
Current Employer	<input type="checkbox"/> Self Employed			Phone	
Address		ST		ZIP	
Nature of Business					
Position			Start Date		
Pay Rate	\$	Per	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Supervisor			Direct Phone		
↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (If Current Less Than Three Years) ↓					
Second Employer	<input type="checkbox"/> Self Employed			Phone	
Address		ST		ZIP	
Nature of Business					
Position			Start Date	End Date	
Pay Rate	\$	Per	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Supervisor			Direct Phone		

RESIDENTIAL HISTORY					
Current Address				Your Phone #	
City		ST		ZIP	
Landlord / Mtg Co				<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family	
Landlord Phone			Alternate Phone		
Date Moved In			Current Rent Amount		
Lease Expires			Have you Given Notice?		
Reason for Move					
Prev Address					
City		ST		ZIP	
Landlord / Mtg Co				<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family	
Landlord Phone			Alternate Phone		
Date Moved In		Date Moved Out		Rent Amount	
Reason for Move					
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain:					

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)		
Number of persons to occupy apartment:		
Name	Relationship	Date of Birth

FINANCIAL INFORMATION			
	Bank name	Branch / phone	Account No
	Checking		
	Savings		
ADDITIONAL INCOME (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)			
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age: _____						
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a water bed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you own furniture and furnishings to be moved into this apt? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, who does? _____						

REFERENCES		
Name	Relationship	Phone Number
In Case of Emergency:	Relationship:	Phone:

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into relyantly or any misstatements made above.

AUTHORIZATION	
I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold the Landlord, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord.	
Print Name: _____	
Signature: _____	Date: _____

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

