

## Rental Application Checklist

All Documents and money orders must be given to Edgington Management.

If any items are missing or incomplete your application will not be processed.

### Make sure the following items are included:

1. This signed rental application. Each adult 18 and over **MUST** complete this application.
  - Confirm that Social Security Numbers are correct.
  - Confirm that your current residence / past residence contact telephone numbers are correct.
2. A signed \$35 money order per applicant. Each adult 18 and over **MUST** complete this application.
3. If Applicant has included an Earnest Money Deposit make payable to Edgington Management.
  - If applicant has subsidized housing Valid Section Eight/MBQ /Housing Choice (HOC) Voucher must be included with the application.
4. Please include one of the following forms to show proof of income:
  - Two Recent Paystubs
  - Most Recent W-2
  - If self-employed the most recent tax return with Schedule C
  - Any Public Assistance, Social Security, Disability, or Retirement Income

# Edgington Management Rental Application

Together with all adult occupants as referred to herein, collectively referred to as "APPLICANT" hereby makes application to Edgington Management hereinafter "Edgington Management" for the lease of Address:

\_\_\_\_\_  
Street Address, Unit Number, City & State

Beginning on (Date): \_\_\_\_\_, for the monthly rent of \$ \_\_\_\_\_ payable in advance on the first day of each month.

Lease term requested: \_\_\_\_\_ months.

It is understood that the Premises are to be used as a residential dwelling and will be occupied by *none other* than those persons listed in this application.

Occupancy is subject to possession being delivered by the present occupant. Any and all personal property placed in the Premises shall be at the Applicant's risk and the Applicant shall insure the same. APPLICATION IS BEING MADE FOR THE PREMISES IN ITS PRESENT CONDITION, UNLESS OTHERWISE INDICATED. This Application consists of four pages. The truth of the information contained herein is essential, and if the landlord/owner or owner's designated agent deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at option of the landlord/owner or owner's designated agent.

**NON-REFUNDABLE RENTAL PROCESSING FEE in the amount of \$35 FOR EACH ADULT APPLICANT** is included with this Application. The \$35 processing fee must be in the form of a money order, signed, and made payable to Edgington Management. All adult occupants must be processed and be a party to the lease. The application process may take up to five (5) working days to complete after it is received by the Processing Office. If this Application is not approved and accepted by the landlord/owner or owner's designated agent, the earnest money deposit will be refunded within fifteen (15) working days from the rejection date. The applicant hereby waives any claim for damages by reason of non-acceptance of this Application which the landlord/owner or owner's designated agent may reject.

**DEPOSIT:** An Earnest Money Deposit in the amount of \$ \_\_\_\_\_, equal to one full month's rent and/or according to the amount specified in the Listing Agreement, is to be held by \_\_\_\_\_ with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by the landlord/owner or owner's designated agent. This deposit will not bear interest. The Applicant has no leasehold interests in the rental property until there is a fully ratified lease, as indicated in Par. 2 on this page. (In the case of payment by check, the words "Earnest Money Deposit" shall be placed on the check.)

1. Occupancy of residences shall conform to applicable zoning laws; applicable by-laws, and/or property owners' association rules and regulations.
2. When Applicant receives notification of approval from the landlord/owner or owner's designated agent, the Applicant agrees to execute a lease in accordance with the terms of the Application.  
**The entire Earnest Money Deposit shall be deposited by agent, and credited toward the beginning month's rent.**

**NOTE:** Applicant agrees to execute a lease within three business days from notification of acceptance. The landlord/owner or owner's designated agent reserves the right to rescind acceptance and resume marketing until lease ratification. The Applicant(s) agree to apply for all utilities/services before taking occupancy of the leased premises and agree to pay for all applicable utilities/services, i.e. electricity, gas, water, sewer, fuel, refuse, and will pay necessary deposits. Should Applicant fail to execute a lease as specified above, the Deposit shall be returned to the Applicant.

3. A **SECURITY DEPOSIT** equal to a full month's rent (unless otherwise agreed upon) is due and payable on or before lease ratification. This security deposit is payable to **Edgington Management**. Please consult with your agent.

4. **PLEASE NOTE: A fee of \$50.00 will be charged for each check returned for Non-Sufficient Funds (NSF).** The Applicant(s) hereby authorize Edgington Management, its employees and/or agents, and any credit bureau or other investigative agency employed by such firm, to investigate and to report and disclose to the landlord/owner or owner's designated agent the results of the references herein listed, statements and other data obtained from any other person pertaining to credit, employment, rent history and financial responsibility or criminal record of the Applicant(s). Applicant(s) hereby authorize the references herein listed, to disclose or report any information requested Edgington Management and/or its agents.

## Applicant Information

**EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITES ARE JOINTLY HELD**

	Last Name	First Name	Initial	Maiden Name	Social Security No	Date of Birth
Applicant						
Co-Applicant						
Applicant Email				Co- applicant email		
<b>Names of all other occupants to live in the property</b>						
	Last Name	First Name	Initial	Relationship		
<b>PET(S) Dogs, Cats, Fish, Birds, Reptiles, Rodents etc.</b>						
Total Number: _____						
Name of Pet	Type/Breed	Size/weight	Age	Spayed/neutered?	Declawed?	
	/			yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	
	/			yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	
<b>*Present or Last Residence (required)</b>						
*Address		Apt/Unit Number	*City	*State	*Zip Code	
Home #	Work #	Cell #				
*Resided From:	*Resided to:	*Monthly Mortgage Payment \$	*Monthly Rental Payment \$			
*Mortgage Company or Name of Landlord			*Landlord's Daytime Phone	*Current lease end date		
Reason for moving:						
<b>*Previous Residence - If current residence is less than 2 years:</b>						
*Address		Apt/Unit Number	*City	*State	*Zip Code	
*Resided From:	*Resided to:	*Monthly Mortgage Payment \$	*Monthly Rental Payment \$			
*Mortgage Company or Name of Landlord			*Landlord's Phone	*Current lease end date		
Reason for moving:						
<b>EMPLOYMENT HISTORY</b>						
<b>MILITARY:</b> Attach copy of latest Leave & Earnings Statement and/or Transfer Orders; <b>SELF-EMPLOYED:</b> Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C; <b>SALARIED/HOURLY/WEEKLY EMPLOYEES:</b> Attach copies of last year's Form W-2 or most recent paystubs. Applicant(s) shall provide, if necessary, a salary key code if verification is to be obtained via an automated employment and salary verification service. Applicants must provide proof of income to the homeowner.						
<b>PRESENT EMPLOYMENT</b>						
*Employed By:		If Military – Rank/Rate		Branch	Length of Service	
Business Address:			City	State	Zip Code	
Position:	Salary \$	Number of Hours/Week:	Employment Start Date:			
Supervisor Name and Title:			Contact Number:			

**PREVIOUS EMPLOYMENT (if with present employer less than (1) year.)**

*Employed By:		If Military – Rank/Rate	Branch	Length of Service
Business Address:		City	State	Zip Code
Position:	Salary \$	Number of Hours/Week:	Employment Start Date:	
Supervisor Name and Title:		Contact Number:		

**CO-APPLICANT PRESENT EMPLOYMENT:**

*Employed By:		If Military – Rank/Rate	Branch	Length of Service
Business Address:		City	State	Zip Code
Position:	Salary \$	Number of Hours/Week:	Employment Start Date:	
Supervisor Name and Title:		Contact Number:		

**CO-APPLICANT PREVIOUS EMPLOYMENT (if with present employer less than (1) year.)**

*Employed By:		If Military – Rank/Rate	Branch	Length of Service
Business Address:		City	State	Zip Code
Position:	Salary \$	Number of Hours/Week:	Employment Start Date:	
Supervisor Name and Title:		Contact Number:		

**ADDITIONAL INCOME**

Applicant need not disclose alimony, child support or separate maintenance income or its source, unless applicant wishes it to be considered for the purpose of the application for tenancy.

	\$ Amount	Source	Per
Applicant			
Co-Applicant			

**FINANCIAL HISTORY**

FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE

**MONTHLY PAYMENTS**

Payment of 3 mos. or more duration, e.g., Auto, Mortgage, Alimony, Dependent Support, Taxes, Garnishment, Etc.

Payments Made To	Purpose of Payment	Balance	Montly Pmt. \$ Amount

**OTHER FINANCIAL INFORMATION**

YES NO

Has Applicant ever filed Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			Date Filed	Date of Discharge
Has Applicant ever been evicted or had judgment issued against him/her?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any outstanding judgments against Applicant?	<input type="checkbox"/>	<input type="checkbox"/>		
Has Applicant had property foreclosed upon or given title or deed in lieu thereof in the past seven (7) years?	<input type="checkbox"/>	<input type="checkbox"/>		
Is Applicant obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>		
Is Applicant a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>		

\*\*\* If Applicant answered "YES" to any of the above questions, please attach explanation.

VEHICLES		Number and descriptions of Automobiles, Motorcycles, Vans, Trucks, Trailers, Campers, RVs, Boats, Commercial Vehicles, etc.			
Make	Model	Year	Color	State	License Number

**OTHER INFORMATION**

Do you own or Plan to Purchase a Waterbed?  YES  NO   
\*Requires owner approval and waterbed insurance.

**EMERGENCY CONTACT** who does not reside with you.

Name	_____	Contact Phone	_____	Relationship	_____
Address	_____	City	_____	State	_____ Zip Code _____

**CONTINGENCIES** This application cannot be processed until contingencies are agreed to or removed.

I/We represent that the premises shall not be used for any illegal or restricted purpose(s) and certify that the above information is true and complete to the best of my/our knowledge.

I/We hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

If accepted this application becomes a part of the lease.

\_\_\_\_\_  
**APPLICANT SIGNATURE**                      **DATE**

\_\_\_\_\_  
**CO-APPLICANT SIGNATURE**                      **DATE**

APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION

APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION