RENTAL APPLICATION

Each adult (over 18) must complete a separate application.

sunrise management
SMC Rev 06/2014

1. PERSONAL INFORMATION *(please include your full middle name)*

FULL NAME: _____ DOB: _____

SSN: _____-_____-_____ Driver's License/Govt-Issued ID #: _____ State: _____

Phone: _____ Email: _____

Would you like to receive communication via email from the property? ☐ Yes or ☐ No

Have you ever been convicted of a felony? ☐ Yes or ☐ No

2. ADDITIONAL OCCUPANTS *(list all, including minors)*

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

3. RENTAL HISTORY *(5 years)*

A. CURRENT: Address: _____

Name of Apartment/Landlord: _____Phone:_____

Move-in Date: _____ Move-out Date: _____

Reason for Leaving: _____

B. FORMER: Address: _____

Name of Apartment/Landlord: _____Phone:_____

Move-in Date: _____ Move-out Date: _____

Reason for Leaving: _____

4. EMPLOYMENT INFORMATION *(5 years)*

A. CURRENT: Employer: _____ Occupation: _____

Supervisor: _____ Phone: _____

Monthly Income: $_____ How Long? _____

B. FORMER: Employer: _____ Occupation: _____

Supervisor: _____ Phone: _____

Monthly Income: $_____ How Long? _____

Other current income *(please circle)*: Grants/Scholarships/Loans/Misc

Source: _____ Per month: _____

4. AUTO INFORMATION

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____ State: _____

5. IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Email: _____ Relationship: _____ Allowed Access?* ☐ Yes or ☐ No

**In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact may remove your property from your unit or the common areas.*

Possession of the above-described premises will not be given to applicant until:

1. Application has been approved by landlord, and
2. Lease has been properly executed by all parties, and
3. First month's rent and total deposit have been paid in full.

Rents are due and payable on or before the 1st day of each calendar month. This requirement is strictly enforced.

Authorization is hereby given to complete a credit check and for direct contact with references and/or employers. This application is not a Lease Agreement or contract and is subject to approval by Community Manager and Sunrise Management Company.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE:

Property Name: _____Unit #:_____ Received on _____ at _____ am/pm by _____