

ALTA COMMUNITY BUILDING RENTAL APPLICATION

APPLICANT'S NAME: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO. _____ STATE: _____

SPOUSE'S NAME: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO. _____ STATE: _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOW LONG? _____ PHONE NO. _____ REASON FOR LEAVING: _____
RENTING? _____ NAME OF LANDLORD: _____ TELEPHONE NO. _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
RENTED? _____ NAME OF LANDLORD: _____ TELEPHONE NO. _____

EMPLOYMENT – APPLICANT:

CURRENT EMPLOYER'S NAME & ADDRESS: _____ ZIP: _____
PHONE NO. _____ DATE STARTED: _____ MONTHLY SALARY _____
TYPE OF WORK _____
PREVIOUS EMPLOYER'S NAME & ADDRESS: _____ ZIP: _____
PHONE NO. _____ DATE STARTED: _____ MONTHLY SALARY _____

EMPLOYMENT – SPOUSE:

CURRENT EMPLOYER'S NAME & ADDRESS: _____ ZIP: _____
PHONE NO. _____ DATE STARTED: _____ MONTHLY SALARY _____
TYPE OF WORK _____
PREVIOUS EMPLOYER'S NAME & ADDRESS: _____ ZIP: _____
PHONE NO. _____ DATE STARTED: _____ MONTHLY SALARY _____

STUDENT:

APPLICANT: SCHOOL _____ YEAR _____ DEPT. _____ PHONE _____
SPOUSE: SCHOOL _____ YEAR _____ DEPT. _____ PHONE _____

GIVE NAME, BIRTHDATE AND RELATIONSHIP OF ALL PERSONS (OTHER THAN YOURSELF) WHO WILL OCCUPY APARTMENT:

CREDIT REFERENCES – LIST ALL CHARGE ACCOUNTS, CREDITS, AND LOANS YOU HAVE:

NAME	ADDRESS	BALANCE OWED	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK _____ ADDRESS _____ TYPE OF ACCOUNT _____

IN CASE OF EMERGENCY, PERSON WHO MAY HAVE APARTMENT KEY _____
PHONE NO: _____ ADDRESS _____
RELATIONSHIP TO YOU _____

NUMBER OF VEHICLES: AUTOS _____ TRUCKS _____ MOTORCYCLES _____ OTHER(SPECIFY) _____

LICENSE PLATE NUMBER FOR EACH VEHICLE: _____/STATE _____
_____ /STATE _____ _____ /STATE _____

HAVE YOU, YOUR SPOUSE OR OCCUPANT EVER BEEN EVICTED? _____
HAVE YOU, YOUR SPOUSE OR OCCUPANT EVER BROKEN A RENTAL AGREEMENT OR LEASE? _____
HAVE YOU, YOUR SPOUSE OR OCCUPANT EVER BEEN SUED FOR NONPAYMENT OF RENT OR DAMAGES TO RENTAL
PROPERTY? _____
HAVE YOU, YOUR SPOUSE OR OCCUPANT EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN:

CONCERNS OR REQUESTS: _____

CORRECT INFORMATION: Applicant represents that all of the above statements are true and complete, and hereby
authorizes verification of above information, references, and credit records. Applicant acknowledges that false
information herein will constitute grounds for rejection of this application and may be a criminal offense.

DATED THIS _____ DAY OF _____, 2019.

DATED THIS _____ DAY OF _____, 2019.

Applicant's Signature

City Clerk's Signature

Spouse's Signature

Other Occupant's Signature