



RENTAL APPLICATION

Hello and thank you for your interest in renting our property. Please note that **Biggs Investment Properties LLC is not managed by Prescott Home Realty.** Prescott Home Realty is used solely for advertising.

If you decide to apply to rent this property and are accepted, please note that all deposit and rent payments shall be made payable to Biggs Investment Properties LLC.



RENTAL APPLICATION

Today's Date: _____ Desired Occupancy Date: _____

Rental Address: _____

APPLICANT PERSONAL INFORMATION

1. Last Name: _____ First: _____ Middle: _____

Birth Date: _____ Driver's License#/State: _____

Social Security #: _____ Email Address: _____

Phone #: _____

2. Last Name: _____ First: _____ Middle: _____

Birth Date: _____ Driver's License#/State: _____

Social Security #: _____ Email Address: _____

Phone #: _____

Additional Occupants (List every occupant name and their relationship below, including children):

3. _____ Relationship: _____

4. _____ Relationship: _____

5. _____ Relationship: _____

6. _____ Relationship: _____

How long do you plan on living in the rental home? _____

Are you able to handle all the minor maintenance/upkeep in the property? Yes ___ No ___

Check the following items that you own: Vacuum Cleaner: ___ Mop: ___ Broom: ___ Plunger: ___

Appliances (if so, which ones): _____

Do you have renter's insurance? Yes ___ No ___ Any water-filled furniture? Yes ___ No ___

Have you ever broken a lease? Yes ___ No ___ Have you ever refused to pay rent? Yes ___ No ___

If Yes, why? _____

Have you ever been evicted or asked to leave a rental unit? Yes ___ No ___

If Yes, why? _____

Ever filed for bankruptcy? Yes ___ No ___

Ever been convicted of a crime? Yes ___ No ___ If yes, what crime? _____

Will you give us permission to do a criminal background check? Yes ___ No ___

Do you currently have any utilities in your name? Yes ___ No ___

Is there anything to prevent you from placing utilities in your name? Yes ___ No ___

Do you have any pets? Yes ___ No ___ If yes, list each pet:

1. Type: _____ Color/Breed: _____ Wt: _____ lbs. Name: _____

2. Type: _____ Color/Breed: _____ Wt: _____ lbs. Name: _____

3. Type: _____ Color/Breed: _____ Wt: _____ lbs. Name: _____



RESIDENCE HISTORY

Current Address:

Number and Street _____ City _____ State Zip _____

At this address from: _____ to: _____

Own ____ Rent ____ Monthly payment: \$ _____ Number of Late Payments: _____

Is your rent/mtg payment current? Yes ____ No ____

Landlord/Lender's Name: _____ Phone: _____

Reason for moving? _____

Security Deposit Amount currently held by Landlord: \$ _____

Previous Address:

Number and Street _____ City _____ State Zip _____

At this address from: _____ to: _____

Own ____ Rent ____ Monthly payment: \$ _____ Number of Late Payments: _____

Landlord/Lender's Name: _____ Phone: _____

Reason for moving? _____

Was your Full Security Dep. Returned? Yes ____ No ____

INCOME HISTORY

First Applicant's Current Employment Status:

Full-time ____ Part-time ____ Student ____ Retired ____ Self-employed ____ Unemployed ____

First Applicant employed by: _____

Supervisor's name: _____ Supervisor's Phone # _____

Work Address Number and Street _____ City _____ State Zip _____

Employed here from: _____ to: _____

Position: _____ Salary: \$ _____ per _____

Average Weekly hours: _____ Net Take Home Pay: \$ _____ per _____

Second Applicant's Current Employment Status:

Full-time ____ Part-time ____ Student ____ Retired ____ Self-employed ____ Unemployed ____

First Applicant employed by: _____

Supervisor's name: _____ Supervisor's Phone # _____

Work Address Number and Street _____ City _____ State Zip _____

Employed here from: _____ to: _____

Position: _____ Salary: \$ _____ per _____

Average Weekly hours: _____ Net Take Home Pay: \$ _____ per _____



EMERGENCY CONTACT INFORMATION

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

1st Emergency Contact: _____ Relationship: _____

 Address Number and Street City State Zip
 Phone # _____ Alternate Phone # _____

2nd Emergency Contact: _____ Relationship: _____

 Address Number and Street City State Zip
 Phone # _____ Alternate Phone # _____

Do you have enough savings to cover one month's rent in addition to the move-in rent and deposit?
 Yes ____ No ____

ADDITIONAL INCOME:

If there are additional, verifiable sources of income you would like considered, please list income source (i.e., self-employment, social security, benefit payments, etc.). Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source(s): _____ Amount: \$ _____ Per _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income continue? _____

Is there any reason it would stop? _____

ASSETS / CREDITS / LOANS

Please note, only cars on application are authorized to be on premises.

Number of vehicles on property? _____ Valid Registration? Yes ____ No ____

Do you have any commercial vehicles, RV, campers, boats or motorcycles? Yes ____ No ____

Vehicle 1 Color: _____ Make: _____ Model: _____ Year: _____

Plate number: _____ State: _____

Vehicle 2 Color: _____ Make: _____ Model: _____ Year: _____

Plate number: _____ State: _____

Vehicle 3 Color: _____ Make: _____ Model: _____ Year: _____

Plate number: _____ State: _____

Vehicle 4 Color: _____ Make: _____ Model: _____ Year: _____

Plate number: _____ State: _____



Credit Cards/Loans (including car loans, bank cards, department store, gas cards, student loans)

Creditor: _____ Total Amount Owed: _____

Monthly Payment: \$ _____ Are your payments current? Yes ___ No ___

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Monthly Payment: \$ _____ Are your payments current? Yes ___ No ___

List any other current monthly expenses:

Medical Liens: \$ _____ Per _____ Health Insurance \$ _____ Per _____

Car Insurance \$ _____ Per _____ Renter's Insurance \$ _____ Per _____

Child Care \$ _____ Per _____ Tuition/College Loan \$ _____ Per _____

Cable TV \$ _____ Per _____ Tele/Cell Phone \$ _____ Per _____

Other \$ _____ Per _____

BANK REFERENCE

Name of Bank: _____ Branch: _____ Phone: _____

Checking Acct #: _____ Years active? _____ Avg. Mo. Bal: \$ _____

Savings Acct #: _____ Years active? _____ Avg. Mo. Bal: \$ _____

PERSONAL/PROFESSIONAL REFERENCES

Character/Personal reference:

Name: _____ Relationship: _____

Phone: _____ How Long Known: _____

Name of Nearest Living Relative:

Name: _____ Relationship: _____

Phone: _____ How Long Known: _____

 Address Number and Street City State Zip

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? Yes ___ No ___

Name of Doctor or Health Care Provider (in case of emergency):

Name: _____ Phone: _____

 Address Number and Street City State Zip



THANK YOU!

Thank you for completing an application to rent from us. Please sign below.

By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes immediate and annual verification of application information, employment, references, and credit history for continual rental consideration or for collection purposes should that become necessary.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant 1 Signature:

_____ Date: _____

Applicant 2 Signature:

_____ Date: _____