

V.P.M.S. CONSULTANTS RENTAL APPLICATION

APPLICANT INFORMATION			
Name:		Address of Property Applied For:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
EMPLOYMENT INFORMATION			
Current employer:		Direct Supervisor:	
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
EMERGENCY CONTACT			
Name/Relationship of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
CO-APPLICANT INFORMATION			

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Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
CO-APPLICANT EMPLOYMENT INFORMATION			
Current employer:		Direct Supervisor:	
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
REFERENCES			
Name:	Address:	Phone:	

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PLEASE LIST ALL OCCUPANTS THAT WILL BE LIVING IN THE HOME

NAME	RELATIONSHIP TO APPLICANT	AGE

APPLICANT EMPLOYMENT INCOME BREAKDOWN	
Employer Name:	Job Title:
Presently Employed: (please check) Y__ N__	Date First Employed:
Current Wages/Salary: \$ _____ (check one) __ hourly __ weekly __ bi-weekly __ semi-monthly __ monthly __ yearly __ other _____	
Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___	
Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____ Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____	
Commissions, bonuses, tips, other: \$ _____ (check one) __ hourly __ weekly __ bi-weekly __ semi-monthly __ monthly __ yearly __ other _____	
List any anticipated change in the employee's rate of pay within the next 12 months: _____ ; Effective date: _____	

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CO APPLICANT EMPLOYMENT INCOME BREAKDOWN

Employer Name: _____	Job Title: _____
Presently Employed: (please check) Y__ N__	Date First Employed: _____
Current Wages/Salary: \$ _____ (check one) __ hourly __ weekly __ bi-weekly __ semi-monthly __ monthly __ yearly __ other _____	
Average # of regular hours per week: _____	
Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___	
Overtime Rate: \$ _____ per hour	Average # of overtime hours per week: _____
Shift Differential Rate: \$ _____ per hour	Average # of shift differential hours per week: _____
Commissions, bonuses, tips, other: \$ _____ (check one) __ hourly __ weekly __ bi-weekly __ semi-monthly __ monthly __ yearly __ other _____	
List any anticipated change in the employee's rate of pay within the next 12 months: _____ ;	
Effective date: _____	

RETIRED / DISABLED APPLICANT

Source of Income: _____	Monthly Income Total: _____
Payment Frequency: _____	List Any Other Source of Income: _____

RETIRED / DISABLED CO-APPLICANT

Source of Income: _____	Monthly Income Total: _____
Payment Frequency: _____	List Any Other Source of Income: _____

LIST ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE

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Applicant agrees to pay non-refundable \$65 processing fee in form of money order, cash, or debit card.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant agrees to employment, criminal, and rental history screening.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant agrees that management will deny rental if any information listed on this application is found to be false or misleading.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant understands that he or she will not be denied rental based on race, age, gender, or sexual orientation.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant agrees that if approved for rental he/she must provide proof of renters insurance on or before move in date.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant agrees that if approved for rental he/she must maintain renters insurance throughout the full term of the rental agreement.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant understands that by submitting this application it does not guarantee approval for rental of said property.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
Applicant understands that any/all information obtained via tenant screening will be used solely for the purpose of determining eligibility of rental of property.	
APPLICANT INITIAL:	CO APPLICANT INITIAL:
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.	
Signature of applicant:	Date:
Signature of co-applicant:	Date: