

Rosema Holdings, LLC

Residential Lease Application

All adult applicants (18 years or older) must complete a separate application for rental.

Your Information					
Full Legal Name:			Phone Number: () -		
E-Mail Address:			Citizenship:		
Social Security Number:			Date Of Birth: - -		
Driver's License #:			State Of Issue:		
Emergency Contact Name & Number:					
Current Address			Previous Address		
Address:		Apt #:	Address:		Apt #:
City:	State:	Zip:	City:	State:	Zip:
Landlord's Name:			Landlord's Name:		
Landlord's Phone: () -			Landlord's Phone: () -		
Reason For Moving:			Reason For Moving:		
Monthly Rent: \$			Monthly Rent: \$		
When Did You Move In?		Out?	When Did You Move In?		Out?
Do You Rent This Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did You Rent This Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Your Name On The Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is Your Name On The Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have You Given Written Notice To Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did You Given Written Notice To Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Current Employment					
Name Of Employer:			Your Position:		
Address:			Your Start Date:		
City:	State:	Zip:	Employer's Phone: () -		
Your Supervisor:			Monthly Salary: <input type="checkbox"/> Gross <input type="checkbox"/> Net		
Your Personal History					
Have You Ever?					
Been Asked To Move Out Or Been Evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Broken A Rental Agreement Or Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Been Sued For Nonpayment Of Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Been Sued For Damage To A Rental Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Been Convicted Of A Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Vehicle					
Make:		Model:		Color:	
License Plate Number:			State:		
Other Residents: List The Legal Names And Ages Of ALL Other People Who Will Occupy This Unit					
Residents:					
Pets: List All Pets & Breeds					
Pets:					
Please Read Carefully					
I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be canceled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Landlord or Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize Rosema Holdings, LLC. to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize & instruct any entity or person contacted by Rosema Holdings, LLC. or the Landlord or Landlord's agents to release such information to them. Upon request, Landlord, Landlord's agents, or Rosema Holdings LLC. will provide the name & phone number of the source of the information used in the verification process.					
Rent Amount:		Security Deposit:		Lease Term	
Non Refundable Application Fee:		Move-In Date:			
Applicant Signature:			Property Number:		
			Date:		