

Trio Properties Rental Application

Individual applications required from each adult occupant. *NO Smoking Allowed inside or outside ANY Property EVER.*

Last Name:	First Name:	Middle:	Social Security Number:
Date of Birth:	Drivers License Number:	State of Issue:	Home Phone Number:

Complete Section 2 and 3 if you have lived at address number 1 for less than 5 years.

1	Present Address:	City:	State:	Zip:
	Date In:	Date Out:	Owner/Mgr Name:	Owner/Mgr Phone:
	Reason for Moving:			
2	Previous Address:	City:	State:	Zip:
	Date In:	Date Out:	Owner/Mgr Name:	Owner/Mgr Phone:
	Reason for Moving:			
3	Previous Address:	City:	State:	Zip:
	Date In:	Date Out:	Owner/Mgr Name:	Owner/Mgr Phone:
	Reason for Moving:			

Name & Age of Other Occupants.

AGE	Name	Date of Birth	Social Security No.	Drivers License No.	Issue State

Will You Have Pets?	Describe:	Describe:
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Complete Section B only if you have been with present employer for less than 5 years.

A	Present Occupation:	Employer Name:
	How Long With This Employer?	Employer Address:

B	Name of Your Supervisor:	Employer Phone Number:
	Prior Occupation:	Employer Name:
	How Long With This Employer?	Employer Address:
	Name of Your Supervisor:	Employer Phone Number:

Current Gross Income:	Check One		
\$ PER	Weekly	Monthly	Annually

Please List ALL of Your Financial Obligations Below.

NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER	
		Checking:	
		Savings:	
NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MO. PYMT. AMT.

Incase of Emergency Notify	Address	Phone	City	Relationship
Personal References	Address	Phone	Known How Long	Occupation

Vehicle Information

Make	Model	Year	License Number	Issue State

Have you ever filed for bankruptcy?	Have you ever been evicted or asked to move?
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Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including but not limited to the obtaining of credit report and agrees to furnish additional credit references on request. Signature below authorizes Trio Apartments LLC, Annie or Andreas Hildebrandt, or any of their authorized representatives, to obtain rental history, employment verification, criminal background and credit reports.

The undersigned makes application to rent housing accommodations designated as:

Apt. No. _____ Located At _____

The rental for which is \$ _____ per _____ and upon approval of this application agrees to sign a rental Lease agreement and to pay all sums due, including required deposits, before occupancy.

Dated: _____ 20____
Applicant _____

Dated: _____ 20____
Applicant _____

Please sign that you are aware that NO smoking is permitted in any of our properties

I, _____, agree that myself and my guests will not smoke in or around any Trio Properties.

Dated: _____ 20____ Signature _____