

BEPAS LLC RENTAL APPLICATION

Applying for what address:	Total # of occupants:	Requested date of Occupancy:
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Applicant Information

Name:	Date of birth:	DL#:	
Email:	SSN:	Phone:	
Have you lived out of state or county? Where?			
Current address:	Own / Rent (Please circle)	Monthly payment or rent:	How long?

Co-applicant Information

Name:	Date of birth:	DL#:	
Email:	SSN:	Phone:	
Have you lived out of state or county? Where?			
Current address:	Own / Rent (Please circle)	Monthly payment or rent:	How long?
Name of other residents:	Age:	Name of other residents:	Age:
Name of other residents:	Age:	Name of other residents:	Age:

Applicant Employment Information

Current employer:	Name of Manager:	How long?	
Position:	Hourly / Salary (Please circle)	Employer Phone:	Annual income:

Co-Applicant Employment Information

Current employer:	Name of Manager:	How long?	
Position:	Hourly / Salary (Please circle)	Employer Phone:	Annual income:

Applicant and Co-Applicant Past Criminal History (Use back of paper to list each charge)

Yes / No (Please circle)	Who:	Charge:	Where:
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Emergency Contact

Name of a person not residing with you:	Relationship:
Address:	Phone:

Has Applicant or Co-Applicant Ever Been:

Circle if applicable	Evicted or asked to move out	Sued for non payment of rent	Broken a rental agreement or lease	Been sued for damages to rental property	Declared Bankruptcy
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Describe and Date Each One: Use back for additional space if needed

References (Previous Landlords or Employers Only)

Name:	Address:	Phone:

Vehicles

Make:	Model:	Year:	Color:	Tag#:
Make:	Model:	Year:	Color:	Tag#:

I represent that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction. I understand this application is not a rental agreement and creates not obligations. I authorize verification of all information provided.

I understand that all units are non-smoking units and do not allow pets of any kind. Failure to abide by these regulations could result in loss of deposit and/or additional fees.

Signature of applicant:	Date:
Signature of co-applicant:	Date: