

RESIDENTIAL RENTAL APPLICATION

Landlord

Landlord Name: Capitol Property Group
Address: PO Box 792, Nitro, WV, 25143
Phone: (304) 719-4160

Rental Property Information

Rental Property Address: _____
Application to rent suite # _____
Anticipated Possession Date: _____, _____
The term of the tenancy will be

_____.

The monthly rent will be \$ _____.
Initial Security Deposit: \$ _____.

Applicants' Personal Information

Applicant's Name: _____
Home Phone: (_____) _____ Alternative Phone: (_____) _____
Email Address (Optional): _____ Date of Birth: _____
Applicant's Social Security Number: _____

Second Applicant's Name: _____
Second Applicant's Date of Birth: _____
Second Applicant's Social Security Number: _____

Third Applicant's Name: _____
Third Applicant's Date of Birth: _____
Third Applicant's Social Security Number: _____

Name(s) of Dependent(s): _____ Date(s) of Birth: _____

Do you have a pet? Yes / No If more than one, how many? _____

Please describe type(s) of pet(s):

Residential History

Present Address: _____

City: _____ State: _____

ZIP Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: (_____) _____

Previous Address 1: _____

City: _____ State: _____

ZIP Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: (_____) _____

Previous Address 2: _____

City: _____ State: _____

ZIP Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: (_____) _____

Details of Employment

Employer: _____

Position: _____ Date Hired: _____

Supervisor's Name: _____ Phone: (_____) _____

Salary: _____

(If employed less than one year with present employer, please provide previous employer.)

Employer: _____

Position: _____ Date Hired: _____

Supervisor's Name: _____ Phone: (_____) _____

Salary: _____

Other Sources of Income

Do you receive income from any of the following sources? Yes / No

Student Loans _____ Pension Benefits _____ Social Assistance _____ Other _____

Please provide contact persons who could verify the amount of income you receive:

Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Parking stall required? Yes / No Additional stall required? Yes / No (Subject to availability)

Banking Information

Banking Institution: _____

Address: _____ Phone: (_____) _____

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____

Address: _____ Phone: (_____) _____

References

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Emergency Contact

Name: _____

Relationship: _____ Phone: (_____) _____

Criminal & Credit Background Check Authorization

Is there anything negative that we may find in our criminal or credit background check that you want to comment on?

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application; and (b) perform a credit and/or criminal check to assess my suitability as a tenant/lessee.

Applicant's Signature _____ Date _____