Rental History

PLEASE LIST TWO PROFESSIONAL REFERENCES

References must be counselors, teachers, pastors, co-workers, and other professionals. Please DO NOT use relatives or friends.

NAME	MAILING ADDRESS	PHONE NUMBER	RELATIONSHIP

Please give full mailing addresses and correct dates of occupancy. Please explain if there was a gap of any duration between rentals such as living with family or homelessness.

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: Zip:
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: Zip:
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
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Previous or Current Rental Address:	How long at this previous address: From: To:
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: Zip:
Rent Amount:	Reason for Leaving:

Please complete the following for any animals you are requesting to be on the rental agreement:

How many animals are in the home? _____

1. Species (cat, dog, etc.): _____   Age: _____   Breed: _____

    Size: _____   Is the pet required for a disability (yes/no): _____

    Is the pet spayed/neutered (yes/no): _____   Is the pet current on vaccinations (yes/no): _____

2. Species (cat, dog, etc.): _____   Age: _____   Breed: _____

    Size: _____   Is the pet required for a disability (yes/no): _____

    Is the pet spayed/neutered (yes/no): _____   Is the pet current on vaccinations (yes/no): _____

3. Species (cat, dog, etc.): _____   Age: _____   Breed: _____

    Size: _____   Is the pet required for a disability (yes/no): _____

    Is the pet spayed/neutered (yes/no): _____   Is the pet current on vaccinations (yes/no): _____