



Fautleroy Community Service Agency: RENTAL APPLICATION

Today's Date: _____ Desired Occupancy Date: _____

Rental Price: _____

Property Address and description of space: _____

For Office Use Only

Primary Applicant's Personal Information

First Name: _____ Last Name: _____

Driver's License: _____

Birth date: _____ Social Security # _____

Current Home Address: _____

Home Phone: _____ Mobile Phone: _____

Primary Email: _____

Work Phone: _____

Secondary Applicant's Personal Information

First Name: _____ Last Name: _____

Driver's License: _____

Birth date: _____ Social Security # _____

Current Home Address: _____

Home Phone: _____ Mobile Phone: _____

Primary Email: _____

Work Phone: _____



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Company Information

Company Name: _____

How long in business? _____

Please indicate weekly, biweekly, monthly, or annual average income: _____

Business structure (Sole Proprietor – LLC. Etc) _____

(A copy of your business license will be required with the lease)

Do you have business insurance? (Y / N) Name of Provider and policy #

(A copy of your policy will be required with the lease)

Have you ever broken a lease? (Y / N) If so, why and when?

Have you ever refused to pay rent for any reason? (Y / N) If so, why and when?

Have you ever been evicted or asked to leave a rental unit? (Y / N) If so, why and when?

Ever filed for bankruptcy? (Y / N) If so, why and when?

Do you currently have any utilities in your name? (Y / N) Name of Utility:

Name of additional regular daily occupants/employees:

Name of additional regular daily occupants/employees:



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Name of additional regular daily occupants/employees:

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Applicant's Additional Income:

Full-time Part-time (less than 32 hrs.) Student Retired Self-Employed
 Unemployed Other

Applicants alternate income provided by: _____

Address: _____

Phone: _____ Salary: _____

Position: _____

Please indicate weekly, biweekly, monthly, or annual average income: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Secondary Phone Number: _____

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Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Secondary Phone Number: _____



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Wireless Network Information (if used)

(Help is available from the FCSA Network Administrator)

The reason this information is gathered is to ensure the best possible connection for all tenants.

Internet Service Provider: _____

Type of device: _____

Name given to device: _____

Wireless SSID: _____ SSID being broadcast? Yes [] No []

Wireless channel number: _____ MBps Mode: 54 [] 72 [] 150 []

(If auto channel is not used, the room number should be)

IP Address: _____ IP Subnet: _____

Security Option: None [] WPA2 – AES [] WPA – TKIP []

Guest Wireless

Enabled: Yes [] No []

Wireless SSID: _____ SSID being broadcast? Yes [] No []



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Character/personal & business references:

Name: _____ Relationship: _____

Address: _____

How long have you known this person? _____ Phone: _____

Name of nearest living relative:

Name: _____ Relationship: _____

Address: _____

How long have you known this person? _____ Phone: _____

Thank You!

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following, which will be copied and attached to this application: [] Driver's license picture ID. Note: Rentals will not be shown without picture ID.

By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary. Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

The original application will need to remain on file