



REAL ESTATE PROFESSIONALS

PROPERTY MANAGEMENT RENTAL APPLICATION

709 Beechurst Avenue, Suite 24 Morgantown, WV 26505

Telephone (304) 292-3900 Fax (304) 292-6300

Please provide a copy of your driver's license along with the application.

Full name: \_\_\_\_\_
Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
Cell Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Current Landlord: \_\_\_\_\_ Address \_\_\_\_\_
Phone Number: \_\_\_\_\_ How Long \_\_\_\_\_
Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ How long: \_\_\_\_\_
Employer Address: \_\_\_\_\_
Salary \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Emergency Contacts: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Relationship: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_
Make & Model of Vehicle: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Address: \_\_\_\_\_
References: \_\_\_\_\_

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

[ ] YES [ ] NO I have been advised by RE/MAX Property Management to purchase rental insurance to cover my personal property.
[ ] YES [ ] NO I have received a Rental Insurance Brochure.

I/We hereby make application for an apartment/house and certify that the above information is correct. By submitting this application to the landlord or his agent, I/we do hereby authorize landlord/agent to obtain a credit information report on myself/ourselves from a consumer reporting agency and/or contact any references that I have listed. We authorize the agencies and other persons to disclose information on me/us to the landlord/agent. The landlord/agent has the right to reject this application.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_