*Required

C&J Rental Application

Please fill out this form to the best of your abilities. If the owners have questions or wish to proceed with your application, they will be in touch. Thank you for considering C&J Rental Management.

| 1. | First Name * | |
|----|--|--------|
| 2. | Last Name * | |
| 3. | Date of Birth * | |
| 4. | Current Address * | |
| 5. | Phone Number * | |
| 6. | How Long Have You Lived at Current Addre | ess? * |

| 7. | Current Landlord Name & Phone # * |
|-----|--|
| 8. | How much are you currently paying for rent? * |
| 9. | How much are you currently paying for rent? * |
| 10. | Check off the current utilities you are responsible for paying * Tick all that apply. Gas Electric Water/Sewer |
| 11. | Why are you moving? * |
| | |

| - | Previous Addresses you've lived * |
|---|---|
| - | |
| _ | |
| ŀ | How long at previous address and why did you move? * |
| - | |
| - | |
| ŀ | How much was rent at previous address? * |
| - | |
| _ | |
| | How much was rent at previous home? Please also list your previous landlords name & phone # |
| - | |
| - | |

| Pets? If yes, indicate type, breed, & weight/size * |
|---|
| |
| |
| |
| Check if your pet/pets have all injections & licenses * |
| Tick all that apply. |
| Yes |
| Check if your pet/pets have all injections & licenses * |
| Is your pet neutered? * |
| If you have a cat is it declawed? * |
| Second Applicate Information. Yes or No * |
| Mark only one oval. |
| Yes |
| No |

| 22. | First Name * | |
|-----|--|----------|
| 23. | Last Name * | |
| 24. | Date of Birth * | |
| 25. | Current Address * | |
| 26. | Phone # * | |
| 27. | How long have you lived at your current ac | ddress?* |
| 28. | Current landlord's name & phone # * | |
| 29. | How much are you currently paying in ren | ?* |

| 30. | What utilities do you currently pay? * |
|-----|--|
| | Tick all that apply. |
| | Gas |
| | Electric |
| | Water/Sewer |
| 31. | Why are you moving? * |
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| | |
| 32. | Previous address where you lived? * |
| | |
| 33. | How long were you there & why did you leave? * |
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| | |

| Do you have pets? Breed, Weight and size? * Does your pet have all injections and licenses? * |
|--|
| |
| Does your pet have all injections and licenses? * |
| Does your pet have all injections and licenses? * |
| |
| |
| Is your pet neutered? If a cat is it declawed? * |

| 38. | Financial information first applicate. Fill in your name * |
|-----|--|
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| | |
| 39. | Occupation * |
| 40. | Full or part time? How many hours? * |
| | |
| | |
| 41. | Name of employer and position? * |
| | |
| | |
| | |

| 42. | Address of Employer? * |
|-----|--|
| | |
| | |
| | |
| 43. | How long have you been employed? Gross monthly income? * |
| | |
| | |
| | |
| | |
| 44. | Contact person and phone number? * |
| | |
| | |
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| | |
| 45. | Previous employer if less than two years? * |
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| | |

| 46. | Their number and how long did you work there? * |
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| | |
| 47. | Gross monthly income? Why did you leave? * |
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| | |
| 48. | Additional income? * |
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| | |
| 49. | Financial second applicant fill in name * |
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| | |
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| | |

| 50. | Occupation * |
|-----|---|
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| | |
| 51. | Full or part time? How many hours a week? * |
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| 52. | Second Applicant: Name of employer and your position? * |
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| 53. | Second Applicant: Address of employer? * |
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| 1. | Second Applicant: How long have you been employed and gross monthly income? |
|----|---|
| 5. | Second Applicant: Contact person and phone # * |
| ố. | Second Applicant: Previous employer if less than two years? * |
| 7. | Second Applicant: Their phone # and how long did you work there? * |

| 58. | and drivers license? | ^ |
|-----|--|---|
| | Mark only one oval. | |
| | Yes | |
| | No | |
| | Only Drivers License | |
| | Only Social Security Number | |
| | | |
| 59. | Second Applicant: Could you provide us in person with your social security number and drivers license? | * |
| | Mark only one oval. | |
| | Yes | |
| | ○ No | |
| | Only Drivers License | |
| | Only Social Security Number | |
| | | |
| 60. | Property Address of Interest? * | |
| 61. | Request Move in Date? * | |
| | | |
| | | |

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