

APARTMENT RENTAL APPLICATION
Carlton Apartments

Date _____

Applicant Information

Full Name _____
Telephone Number _____ Work Telephone Number _____
Social Security # _____ Driver's License # _____ State _____
Date of Birth _____
What apartment is this application for ? _____ Projected Move In Date _____
of Occupants _____ Names of Occupants _____

Applicant Rental History

Present Address _____ City, State, Zip _____
How long residing at current address _____ Current Rent _____
With or without utilities _____ Current Room Mates _____
Landlord's Name _____ Phone # _____
Relationship to Landlord _____
Reason for moving _____

Previous Address _____ How long resided there _____
Landlord's Name _____ Phone # _____

Employment

Employed By _____ Position _____ How Long _____
Employer Name _____ Phone # _____
Address _____ Salary \$ _____

Other Income _____

Character References

Name _____ Phone # _____
Address _____ How Long Known _____
Relationship _____ Work Phone # _____

Name _____ Phone # _____
Address _____ How Long Known _____
Relationship _____ Work Phone # _____

Credit References

Bank Name _____ Phone # _____
Address _____
Checking Account # _____

I hereby authorize any of the above named references to release requested information to
Carlton Apartments/ License K Fort Worth Holdings, LLC Management.

Applicant's Signature