

McGINNIS COMMERCIAL REAL ESTATE

555 E. Loockerman Street, Dover, DE 19901

Tel: (302) 736-1538 * Fax: (302) 736-2715

www.mcginnisrealty.com

RENTAL APPLICATION

Type/Size of Rental: _____

Desired Date of Occupancy: _____

APPLICANT

Name: _____ DOB: _____ SSN #: _____

Home Phone#: () _____ Work Phone#: () _____

Present Address: _____ City _____ State _____ Zip _____

From: _____ To: _____ Rental Amount: _____

Reason for Moving: _____

Landlord's Name: _____

Landlord's Phone #: () _____

Previous Address: _____ City _____ State _____ Zip _____

From: _____ To: _____ Rental Amount: _____

Reason for Moving: _____

Previous Landlord's Name: _____

Previous Landlord's Phone #: () _____

Present Employer: _____ Supervisor's Name: _____

Position Held: _____ How Long? _____

Phone #: () _____

Total income after taxes withheld \$ _____ Per _____

Previous Employer: _____ Supervisor's Name: _____

Position Held: _____ How Long? _____

Phone#: () _____

CO-APPLICANT

Name: _____ DOB: _____ SSN #: _____

Home Phone#: () _____ Work Phone#: () _____

Present Address: _____ City _____ State _____ Zip _____

From: _____ To: _____ Rental Amount: _____

Reason for Moving: _____

Landlord's Name: _____

Landlord's Phone #: () _____

Previous Address: _____ City _____ State _____ Zip _____

From: _____ To: _____ Rental Amount: _____

Reason for Moving: _____

Previous Landlord's Name: _____

Previous Landlord's Phone #: () _____

Present Employer: _____ Supervisor's Name: _____

Position Held: _____ How Long? _____

Phone #: () _____

Total income after taxes withheld \$ _____ Per _____

Previous Employer: _____ Supervisor's Name: _____

Position Held: _____ How Long? _____

Phone#: () _____

Do you have pets? Yes No

Type/Breed/Weight: _____

APPLICATION MUST BE COMPLETED AND SIGNED ON BACK

Other Residents	Date of Birth	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____

CREDIT INFORMATION

Applicant's Bank: _____ Phone#: () _____

Do you have a history of poor credit? Yes No

If yes, please explain: _____

Co-Applicant's Bank: _____ Phone# () _____

Do you have a history of poor credit? Yes No

If yes, please explain: _____

OTHER INFORMATION

Numbers of Household Autos (including company cars): _____

(Applicant) Make: _____ Year: _____ Color _____ Tag #: _____ State: _____

(Co-Applicant) Make: _____ Year: _____ Color _____ Tag #: _____ State: _____

(Other) Make: _____ Year: _____ Color _____ Tag #: _____ State: _____

Nearest Relative Not Living With You:

(Applicant) Name: _____ Relationship: _____

Phone#: () _____

Address: _____ City _____ State _____ Zip _____

(Co-Applicant) Name: _____ Relationship: _____

Phone #: () _____

Address: _____ City _____ State _____ Zip _____

I hereby believe the above statements to be true. I authorize McGinnis Management Company to contact the above mentioned references to verify the information provided. If the statements are found to be incorrect or misleading, I understand the application may be rejected.

I understand that a credit report will be obtained. A credit report that reveals credit issues such as slow pay, charge offs, collections or judgements could cause my application to be rejected. Credit reports are obtained from Trans Union Corporation, PO Box 390, Springfield, PA 19064, 1-800-888-4213. In the event that my application is denied based on information contained on my credit report, I have the right to obtain a copy of my credit report from this agency.

Applicant's Signature

Date

Co-Applicant's Signature

Date