



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

I hereby apply to rent/lease 6A North Star Villa Beach House premises located in Frederiksted, US Virgin Islands for the term and upon the conditions to be set forth in the **Rental Agreement**. I agree to pay with this application a **NON-REFUNDABLE APPLICATION FEE OF \$250.00 PER APPLICATION**.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	S.S.# - -
DATE OF BIRTH / /	Proposed Occupancy Date(s)		DRIVERS LICENSE # STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S) (maximum of six (6) occupants)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

VEHICLE(S) INFORMATION (maximum of 4 vehicles including visitors)					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY** and sign where indicated.

INCOME		
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT CARD / FINANCIAL INFORMATION			
CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE # - -
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE # - -
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE # - -
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE # - -
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE # - -
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER

EMERGENCY / PERSONAL REFERENCE INFORMATION			
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
RELATION	ADDRESS	CITY/STATE/ZIP	
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
RELATION	ADDRESS	CITY/STATE/ZIP	
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
RELATION	ADDRESS	CITY/STATE/ZIP	
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
RELATION	ADDRESS	CITY/STATE/ZIP	

APPLICANT QUESTIONNAIRE / AUTHORIZATION	
Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors, do an investigative criminal background report, and any other sources deemed necessary to investigate applicant, including but not limited to information as to my character, general reputation, personal characteristics, and mode of living. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.</p> <p>ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.</p>	
X _____ APPLICANT SIGNATURE	_____ DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.