

Township of Frankford RENTAL APPLICATION

DATE OF APPLICATION	RENTAL ADDRESS	CITY	STATE/ZIP
LANDLORD Township of Frankford		LANDLORD BUSINESS PHONE 973-948-5566	

Applicant Legal Name: First _____ MI _____ Last _____ Date of Birth _____

Applicant Home Phone Number _____ Applicant Social Security Number _____

Present Address _____ Apt. No. _____ City _____ State/Zip _____

Monthly Mortgage Payment _____ OR Monthly Rental Payment _____ Lease Expiration Date _____

Resided: From _____ To _____ Name of Present Mortgage Co. or Landlord _____

Reason for Moving _____ Present Landlord Phone Number _____

Previous Address _____ Apt. No. _____ City _____ State/Zip _____
(if at present address less than (2) years)

Monthly Mortgage Payment _____ OR Monthly Rental Payment _____ Lease Expiration Date _____

Resided: From _____ To _____ Name of Present Mortgage Co. or Landlord _____

Reason for Moving _____ Present Landlord Phone Number _____

Co-Applicant Legal Name: First _____ MI _____ Last _____ Date of Birth _____

Co-Applicant Home Phone Number _____ Co-Applicant Social Security Number _____

Present Address _____ Apt. No. _____ City _____ State/Zip _____

Monthly Mortgage Payment _____ OR Monthly Rental Payment _____ Lease Expiration Date _____

Resided: From _____ To _____ Name of Present Mortgage Co. or Landlord _____

Reason for Moving _____ Present Landlord Phone Number _____

Applicant's Employer _____ Position _____ Bus. Phone: _____

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income: _____

If Military: Rank/Rate _____ Branch _____ Length of Service _____

Previous Employer _____ Position _____ Bus. Phone _____
(if current employment is less than 2 years complete the following)

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income _____

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Co-Applicant's Employer _____ Position _____ Bus. Phone: _____

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income: _____

If Military: Rank/Rate _____ Branch _____ Length of Service _____

Previous Employer _____ Position _____ Bus. Phone: _____
(if current employment is less than 2 years complete the following)

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income _____

Applicant Driver's License Number _____ Auto License Plate: _____

Co-Applicant Driver's License Number _____ Auto License Plate: _____

Any Pets? No Type _____ Yes Number _____ Description _____

Total number of occupants: _____
Occupants other than Applicant/Co-Applicant:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Have you or co-applicant ever been evicted or had judgments or liens entered against either or you? Yes _____ No _____

Is Applicant or co-applicant a party to any Lawsuit? Yes _____ No _____

Is Applicant or co-applicant obligated to Pay Alimony or Child Support? Yes _____ No _____

Have you or co-applicant ever filed for Bankruptcy? (If yes: Date Filed _____ State _____) Yes _____ No _____

Will Applicant's Employer be Responsible for Payment of Rent? Yes _____ No _____

REFERENCES

Applicants Personal References (other than relatives)		
NAME	ADDRESS	PHONE NO.
1		
2		
C o-Applicants Personal References (other than relatives)		
NAME	ADDRESS	PHONE NO.
1		
2		

(Applicant) **BANK REFERENCES**

ACCOUNT TYPE	BANK NAME, BRANCH, PHONE	ACCOUNT #	CURRENT BALANCE \$
SAVINGS			N/A
CHECKING			N/A
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			

