



759 East Winchester Street
 P.O. Box 572532
 Salt Lake City, UT 84157-2532
 Phone: (801) 293-1830 Fax: (801) 293-1831

Property: _____
Agent: _____
ID #: _____
Office Use

RENTAL APPLICATION

Include fee payment with completed application

Desired Rental Address: _____ Desired Move-in Date: _____

Personal Information

This application is for an individual or a legally married couple. If applicants are not legally married, separate applications are required.

Applicant's Name: _____ SSN: _____

Date of Birth: _____ Daytime Phone: _____ Evening Phone: _____

Driver's License# or ID#: _____ State: _____ Email: _____

Spouse's Name: _____ SSN: _____

Date of Birth: _____ Daytime Phone: _____ Evening Phone: _____

Driver's License# or ID#: _____ State: _____ Email: _____

Residence Information

Current Address: _____ Unit/Apt #: _____

City: _____ State: _____ Zip: _____ How Long: _____

Mo. Rent \$: _____ Landlord: _____ Landlord's Phone #: _____

Previous Address: _____ Unit/Apt #: _____

City: _____ State: _____ Zip: _____ How Long: _____

Mo. Rent \$: _____ Landlord: _____ Landlord's Phone #: _____

Employment Information

Applicant's Employer: _____ How Long: _____

Position: _____ Gross Mo. \$: _____

Supervisor: _____ Phone: _____

Spouse's Employer: _____ How Long: _____

Position: _____ Gross Mo. \$: _____

Supervisor: _____ Phone: _____

Other Information

Are all residents that will reside in the premises legal to reside in the United States? **Yes No**

Do you or other occupants smoke? **Yes No**

Any pets? **Yes No** If so, how many and what kind : _____

Vehicle (1) Make: _____ Model: _____ Color: _____ License #: _____

Vehicle (2) Make: _____ Model: _____ Color: _____ License #: _____

Banking & Credit Information

Bank/Credit Union Name: _____ Phone: _____

Branch Address: _____ Checking: **Yes No** Savings: **Yes No**

List all of your monthly financial obligations below:

Company	Type of Account	Monthly Payment	Balance Owed

Have you ever filed bankruptcy? **Yes No** If so, when and where? _____

Have you ever been convicted of a crime? **Yes No** If so, give details: _____

Two Nearest Relatives

Name	Relationship	Phone Number

Other Occupants

Name	Age



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Authorization

I/We, the undersigned, certify that all information herein given is accurate. I/We hereby give authorization to verify all information and access my/our credit and criminal histories through our creditors, credit bureaus, employers, landlords, banks, and court systems. I understand that this information will only be gathered for the services for which I am applying. I/we agree to hold Ledingham Properties, LLC, and their client harmless for any information shown on said reports and for any action taken based on that information.

Applicant's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Spouse's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Application Fee

A \$25 application fee is required for each adult that will be living at the property. This fee is used to cover costs of criminal background/credit checks, and is not refundable. This payment must be received before your application will be processed.

Total Amount \$ _____

Please indicate method of payment:

- Cash**
- Check #** _____
- Credit Card - Please complete the following:**

I authorize Ledingham Properties to charge my credit card in the amount of \$ _____, as a non-refundable application fee.

I am submitting this authorization in person by fax

Signature: _____ Date: _____

Print name: _____

Credit Card Information - This section will be detached and shredded once payment is processed.

NOTE: PLEASE DO NOT EMAIL CREDIT CARD INFORMATION

Card Type: Visa Master Card

Card Number

Expiration (month/year)

Name On Card

Billing Address

City, State, Zip