



RENTAL APPLICATION

NAME _____

SSN _____ D.O.B. _____

PHONE _____ CELL: _____

EMAIL _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP

HOW LONG AT THIS ADDRESS _____ years or months (check one)

NAME OF CURRENT LANDLORD _____ LANDLORD # _____

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP

HOW LONG AT THIS ADDRESS _____ years or months (check one)

NAME OF PREVIOUS LANDLORD IF LESS THAN 2 YEARS _____

CURRENT EMPLOYER _____ PHONE _____

LENGTH OF TIME WITH EMPLOYER _____ years or months (check one)

PREVIOUS EMPLOYER _____ PHONE _____

LENGTH OF TIME WITH PREVIOUS EMPLOYER _____ years or months (check one)

GROSS MONTHLY INCOME FROM EMPLOYMENT _____

OTHER INCOME & SOURCE _____

PERSONS OCCUPYING THE PROPERTY _____

DESCRIPTION OF PETS IF ANY _____

PROPERTY MANAGER/ WAYNE CUNDIFF/ PARK PLACE REALTORS INC.
445 Elm Avenue SW Roanoke, VA 24016
ROANOKE, VA. 24016
PHONE: (540) 342-1010 EXT. 17 FAX (540) 342-7070

I AUTHORIZE PARK PLACE REALTORS INC. TO OBTAIN A CREDIT REPORT AND TO MAKE INQUIRIES FOR REFERENCES OF EMPLOYMENT AND TENANCIES.

SIGNATURE: _____ DATE: _____

\$15 APPLICATION FEE SUBMITTED WITH APPLICATION

