

Charles L. Schilling II, LLC
Rental Application

Applicants Name _____ DOB _____ SSN _____

Present Address _____ Phone _____

Present Owner _____ Owners Phone _____

Length of Occupancy _____ Monthly Rent or Mortgage Amount _____

Marital Status _____ Spouse or Companion Name _____

Spouse/Companion's DOB _____ SSN _____ Number of Children _____

Their Ages _____ Their Names _____

Applicants Present Employer _____ Position _____

Supervisor's Name _____ Employers Phone _____

Applicants Present Monthly Income (NET)\$ _____ Length of Employment _____

Spouse/Companion's Present Employer _____ Position _____

Supervisor's Name _____ Employers Phone _____

Their Present Monthly Income (NET)\$ _____ Length of Employment _____

Personal References

(Or Rental References) 1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

I hereby grant permission to the Owner/Agent of Charles L Schilling II to verify the validity of all the above statements to be true and correct. I understand that this application does not constitute any or all written commitments on the part of Charles L Schilling II.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Please Email Application to: ashley@kbirealestate.com