



RENTAL APPLICATION

#BED: _____ #BATH: _____ DATE: _____

Applicant Information					
Name:			Email:		
Date of birth:	SSN:	Phone:			
Current address:			Current Landlord:		
City:	State:	ZIP Code:	Landlord Phone:		
Own Rent (Please circle)	Monthly payment or rent:		How long?		
Previous address:			Previous Landlord:		
City:	State:	ZIP Code:	Landlord Phone:		
Owned Rented (Please circle)	Monthly payment or rent:		How long?		
Pets: Yes No (Please circle)	List pets:				
Employment Information					
Current employer:					
Employer address:				How long?	
Phone:	Fax:	Email:			
City:	State:	ZIP Code:			
Position:	Hourly Salary (Please circle)	Annual income:			
Emergency Contact					
Name of a person not residing with you:					
Address:					
City:	State:	ZIP Code:	Phone:		
Relationship:					
Co-applicant Information					
Name:					
Date of birth:	SSN:	Phone:			
Current address:					
City:	State:	ZIP Code:			
Own Rent (Please circle)	Monthly payment or rent:		How long?		
Previous address:					
City:	State:	ZIP Code:			
Owned Rented (Please circle)	Monthly payment or rent:		How long?		
Co-applicant Employment Information					
Current employer:					
Employer address:				How long?	
Phone:	Fax:	Email:			
City:	State:	ZIP Code:			
Position:	Hourly Salary (Please circle)	Annual income:			
References (known at least 3 years)					
Name:		Phone		Address:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. NOTE: You will receive an email notification for a credit check, with a fee of \$35					
Signature of applicant:				Date:	
Signature of co-applicant:				Date:	

RETURN TO OFFICE:
2206 TONGASS AVENUE

EMAIL TO OFFICE: office@ktnlife.com
MAIL TO: 2206 TONGASS AVENUE, KETCHIKAN, AK 99901

FAX TO: 907-225-7428

FOR OFFICE USE ONLY		
RECEIVED BY:	DATE RECEIVED:	CONFIRM RECIEPT:
FIRST CONTACT:	SHOW:	
REFERENCE CHECK:	CREDIT CHECK:	BACKGROUND CHECK: