



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

| |
|-----------------|
| Agent: _____ |
| App #: _____ |
| Initials: _____ |
| Office Use |

RENTAL APPLICATION

This application is for one adult. All occupants 18 years of age or older must complete an application. Include fee payment with completed application

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

Applicant's Full Name: _____ SSN: _____

Date of Birth: _____ Mobile Phone: _____ Home Phone: _____

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

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 #: _____

Current Employer: _____ How Long: _____

Position: _____ Gross Mo. \$: _____

Supervisor: _____ Phone: _____

Additional Source(s) of Income: _____

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

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: _____

Have you ever been evicted? Yes No If so, give details: _____

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 #: _____

Emergency Contacts

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| | | |
| | | |

Other Occupants

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
| | | |
| | | |



759 East Winchester Street
P.O. Box 572532
Salt Lake City, UT 84157-2532

Phone: (801) 293-1830
Fax: (801) 293-1831
ledprop.com

AUTHORIZATION

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

I, the undersigned, acknowledge that Ledingham Properties represents only the property owner and does not represent the renter as an agent or fiduciary.

Applicant's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____



759 East Winchester Street
P.O. Box 572532
Salt Lake City, UT 84157-2532

Phone: (801) 293-1830
Fax: (801) 293-1831
ledprop.com

APPLICATION FEE

A \$35 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 American Express Discover

Card Number

Expiration (month/year)

Name On Card

CVV Security Code

Billing Zip Code

Would you like a receipt? Text Email None