

**DAVINDA ENTERPRISES**  
 4949 Ashlee Way • Erda, Utah 84074  
 Phone 435-843-8383 • Fax 435 843-5833

## Rental Application

Individual application is required from each adult occupant.

Name \_\_\_\_\_ Social security Number \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address	City / State	Owner / Manager	Phone
Present			
Reason for moving			
Previous			
Reason for moving			
Next Previous			
Reason for moving			

Employment	Present	Prior
Occupation		
Employer		
Business Address		
Business Phone		
Name & Title of Superior		
Current Salary		
How Long - Year / Month		
Total Monthly Household Income		

In case or emergency, notify:	Address	Phone	Relationship
1.			
2.			

Personal References (no relatives)	Address	Phone	Relationship
1.			
2.			

Proposed Occupants	Relationship / Children's Ages	Occupation
1.		
2.		
3.		
4.		
5.		

Vehicle Make:	Model:	Year:	License Number:
2nd Vehicle Make:	Model:	Year:	License Number:
Other Vehicles?	Yes / No	If yes, explain:	
Pets?	Yes / No	If yes, how many? breed?	
Convicted of Felony?	Yes / No	If yes, explain:	
Ever been evicted?	Yes / No	If yes, explain:	
Renters Insurance?	Yes / No	If yes, explain:	

Applicant represents that statements made are true and correct and hereby authorize verification of references to include, but not limited to, credit checks, unlawful detainer checks, tele-check and agrees to furnish additional credit references on request. Applicant agrees to pay for said verification, which is a part of the application process and is a charge for the administrative costs of application consideration. If applicant check is returned "NSF," owner shall be liable for the charge on demand. The undersigned makes application to rent housing accommodations designated as:

Printed Name	Signature:
	Date:

Additional Comments: