



Rental Protection Application

Owner Information		
First Name:	Middle Name:	Surname:
Phone 1:	Phone 2:	Email:
Contact Address:		
City:		State:
Property Information		
Address:		
City:		State:
Number of Units:	Number of Tenants:	Year Built:
Currently managed by Professional Management Company: YES NO		Currently Rent Insured: YES NO
Primary Use:		
Any Default in the last 3 years: YES NO		Any Eviction in the last 3 years: YES NO
Lease Information		
UNIT 1 Lease		
Unit Status:	Security Deposit on hold:	Lease Status:
Lease Term:	Lease Start Date:	Lease End Date:
Rent Amount:	Rent payment term:	Any Late payments:
Outstanding rent amount:	Outstanding service charge:	Tenant payment history: On-time Late
Tenant Information		
First Name:	Middle Name:	Surname:
Primary Employer:	Employer Phone number:	Primary Tenant ID#:
Employer Address:		
Length of service:	Tenant Phone:	Tenant E-mail:
Position:	Hourly Salary	Annual income:
Coverage Needed		
Rent Default Protection: YES NO		Protection needed (# of months):
Void Period Protection: YES NO		Protection needed (# of months): 4 Months Standard
Desired Protection Start Date:		
UNIT 2 Lease		
Unit Status:	Security Deposit on hold:	Lease Status:
Lease Term:	Lease Start Date:	Lease End Date:
Rent Amount:	Rent payment term:	Any Late payments:
Outstanding rent amount:	Outstanding service charge:	Tenant payment history: On-time Late
Tenant Information		
First Name:	Middle Name:	Surname:
Primary Employer:	Employer Phone number:	Primary Tenant ID#:
Employer Address:		
Length of service:	Tenant Phone:	Tenant E-mail:
Position:	Hourly Salary	Annual income:
Coverage Needed		
Rent Default Protection: YES NO		Protection needed (# of months):
Void Period Protection: YES NO		Protection needed (# of months): 4 Months Standard
Desired Protection Start Date:		
Signature		
Signature of Owner:		Date: