

APPLICATION FOR RENTAL

Application is hereby made to lease Apartment #:			Address:			
Name:				SSN:		
LAS	ST	FIRST		MIDDLE		DATE OF BIRTH
Spouse:				SSN:		
LAS	ST	FIRST		MIDDLE		DATE OF BIRTH
Present Address	:					
City:				State:	Zip:	
How Long? Rent Amount:					Phone #:	
Name of Apts. or	r Mortgage Co.:			Address:		
City:		Stat	e:	Zip:	Phone #:	
Previous Addres	s:					
City:				State:	Zip:	
How Long?		Rent Amount:			Phone #:	
Name of Apts. or	Mortgage Co.:			Address:		
City:		Stat	e:	Zip:	Phone #:	
Employer:				Address:		
City:				State:	Zip:	
Phone #:	Position:			How Long?:	Salary	r:
Previous Employ	ver:			Address:		
City:				State:	Zip:	
Phone #:	Position:			How Long?	Salary	r:
Spouse's Employ	yer:			Address:		
City:				State:	Zip:	
Phone #:	Position:			How Long?:	Salary	r:
Spouse's Previous Employer:				Address:		
City:				State:	Zip:	
Phone #:	Position:			How Long?	Salary	<u>. </u>
Other	Name /DOB:			Name/DOB:		
Occupants	Name/DOB:			Name/DOB:		
Pet(s) - specify:						
Other Income:				Ar	mount per month:	
Automobiles: Make:		Year:	Color:	Ta	ng #:	State:
Ma	Make:		Color:	Та	ag #:	State:
Drivers License #:				St	ate:	

Spouse's Drivers License #:		State	:				
Banking Information							
Bank Name:	Check	City:					
Bank Name:	Check	sing Acct. Number:	City:				
In case of emergency notify:							
Name:	Address:	Work #:	Home #:				
Name:	Address:	Work #:	Home #:				
Credit References							
Name:		Address:					
City:		State: Zip:					
Phone #:		Account #:					
Name:		Address:					
City:		State:					
Phone #:		Account #:					
Name:		Address:					
City:		State:					
Phone #:		Account #:					
NOTICE TO APPLICANT: This is an application only application is rejected by the respect to race, creed, color for married couple will be parent and the full monthly ren	and is subject to approval by the mai cation fee will not be refunded to a e management and/or owners, the sec r, national origin, handicap or familial s aid. The application fee will not be ref at will be paid on or before the first day		stance of this application, the section by applicant not to lease the refunded in full. The application is repplication fee(s) of \$25 per single at that the Security Deposit may not of occupancy.	curity depose apartment eceived without pplicant or \$ be applied			
	rstand that a knowing and willful fal	NIAL are true, complete and correct is set at the statement on this application is good.					
I become				-4			
information as to my	character, financial responsibility,	inderstand that an investigative cons criminal and civil history. I understar urces about my driving record, cou	nd that as directed by company p	olicy you m			
II. I acknowledge that a State and County age	telephonic facsimile (fax) or photographic copy shall be as valid as any original. This release is valid for most Federa encies.						
		nent agency, institution, information ac. Properties to furnish the informati		r, reference			
A separate application mu	st be completed for each adult (exc	ept husband and wife).					
Signature of Applicant:							
Signature of Applicant:	DO NO						
	DO 110	OT WRITE BELOW THIS LINE					