## **TENANT APPLICATION FORM**

Address:					Rent \$		Deposit \$	
Applicant History	ddla Initial) Ir/Cr		Date of Birth	I Con	al Cassaita Ma	mba.	Deiman Lienne #	
Applicant's Full Name (Last, First, Middle Initial) Jr/Sr			Date of Birth	Social Security		imber	Drivers License #	
Phone #	Phone #				Email:			
(Home)	(Work)							
Name of Co-Applicants (Separate Appl (Last, First, Middle Initial)	(Last, First,				(Last, First,	Middle	Initial)	
Applicant's Present Address City			Zip			Dates: From - To		
Monthly Payment \$			[]Rent []Own [			[] Apartment [] House		
Present Landlord's Name			City			Zip Phone #		
Applicant's Prior Address City			Zip			Dates: From - To		
Monthly Payment \$		[]R	ent []Own		[] Apartme	nt [] Ho	ouse	
Prior Landlord's Name	Address	City				Phone #		
Proposed Occupants								
1 - (Last, First, Middle Initial)	Date of B	Birth	3 - (Last, Fi	rst, Midd	le Initial)		Date of Birth	
2 - (Last, First, Middle Initial)	t, Middle Initial) Date of Birth 4 - (			st, First, Middle Initial) Date of Birth				
Does Applicant or any Proposed Occup	oant smoke? [] yes	[] no						
Do you own a pet? [] yes [] no	Number of pets:			Type:				
F								
Employment Current Employer (if self-employed,	name of business) Bu	isiness A	ddress					
carrent Employer (ii sen employee,	name of outsiness) De	ionicoo i c	adi ess					
Position	Type of Bus	Type of Business		Dates: From - To			Monthly Income	
Supervisor	Supervisor I	Supervisor Phone			Other Income Source			
Prior Employer (if self-employed, na	me of business) Busin	ness Add	ress					
							T	
Position	Type of Bus	Type of Business		Dates: From - To			Monthly Income	
Supervisor	Supervisor	Supervisor Phone			Other Income Source			
Financial Info			•					
Checking: bank and branch (include City/State)					Account #			
Savings: bank and branch (include City/State)				Account #				
Have you ever filed bankruptcy? [ ] yes [ ] no County/State where filed:					What year?			
Have you or any proposed occupant ev								
Been convicted of a felony? [] yes []	no Describe:							
Been evicted from a rental? [] yes [ Defaulted on a lease? [] yes [	no Describe:							

## TENANT APPLICATION FORM (continued)

Applicant Name	4 Eliza Middle Leidin 1.40						
Applicant's Full Name (Las	st, First, Middle Initial) Jr/Sr						
Personal Info	e notify: (local name, address & ph	one number)	Palationsl	vin:			
		Relationship:					
Auto Make	Model	Year	License #	State			
Reason for relocation?			Do you have renter's insurar	nce? [] yes [] no			
Consent to Verif	ication of Credit and C	Other Information	on				
accurate, complete a	of my knowledge, all of the nd correct as of the date of the, such false statement will ease with Owner.	this Application. If	any information provid	ed by me is			
the Property, and (ii) Property and, using	ee: (i) this is an application Landlord or Manager or A their sole discretion, will se r or Agent to verify the info	agent may accept me elect the best qualified	ore than one application ed applicant. I hereby a	for the uthorize the			
Applicant's Signature:			Date:				
To Be Completed by Lar	Receipt for Ap	plication Screen	ning Fee				
credit reports, \$and related costs), ar	nonrefundable screening for processing and void \$ for other out of the foregoing and acknowled the foregoing and acknowledges the foregoing acknowledges acknowledges the foregoing acknowledges acknowle	erifying screening in pocket expenses.		\$for e staff's time			
Applicant's Signatur	e:		Date:				
The undersigned has	received the screening fee	indicated above.					
Landlord Manager	or Owner Signature:		Dat	te:			