

## **RENTAL APPLICATION**

(Each co-resident may be required to submit separate application)

Cedarwood Townhomes is becoming a smoke free property

_		(FOR OFFICE USE ONLY)							
Date	Approve	d			_ Not Approv	ved			
Property Name Cedarw	Property Name Cedarwood Townhomes								
Address	Amt. Dep	Date of Occupancy			Date Deposit Received Date of Lease Priority				
Telephone #									
		-							
Applicant's Name						Date of	i Birth		
		(Middle)	(Last)					_	
Social Security No.									,
Co-Applicant's Name	(First)	(Middle)	(Last)			Date of	f Birth		ı
Social Security No.									
Applicant		Present Address	20	State	Zip	Phone		Years	
		11000			•			1 Out.	
Owner-Manager				Address		Phone			
Previous Address		City		State	Zip	Phone		Years	
				· 1Juane		DI- and			
Owner-Manager				Address		Phone			
Applicant Current Employer					Address	<u> </u>	Phone		
Position	Sa'	ılary	Supervisor	r's Name		Phone			
				5 1 1					
Co-Applicant		Present Address		State	Zip	Phone		Years	
Owner-Manager				Address		Phone			
Co-Applicant Current Employe	er			Address		Phone			
Position	Sa	ılary	Supervisor	1 - Mama		Phone			
Position		ary	Super vises	'S IName		Filone			
Residence Desired		Date of Occup	pancy			Rent _			
(Numbe	per of Bedrooms)	•	-						
Have you ever broken a lease or									
If yes, please explain (you may	use the back of this	s form for additional space	e if necessary)						
Name	Re	elationship		Soc. Sec.	.#		Date of Birth		
How many autos (including cor	mpany cars) would y	you keep at this address?		_					=
· · · · · · · · · · · · · · · · · ·		ity for	-ing to a	:- a le	To th	t I ah	' '- ontar	- I chall	
I hereby deposit \$ all rights to and forfeit said de		-							
all rights to and forfeit said de the exception of the application		•	•			•			
application has been processe							-	=	
authorize the Landlord to obta	=	=					-	=	-
with review of the account ap	_	-	-			-		_	
authorized the Landlord to ob			-	-		-			
The applicant(s) affirm(s) that		**		•			• • • • • • • • • • • • • • • • • • • •	•	
direction of the applicant(s).			resentations know	ving that 11	f any of su	ch proves to	alse, Landlord at	his option may cance	and:
annul any lease given in relia	nce upon such info	ormation.							
Signature						Date			
Signature	_		Ssubm	anit.	_	Date	_		
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