

RENTAL APPLICATION

EQUAL HOUSING OPPORTUNITY	(Each co-resident may be required to submit separate a

Date	Approved No. Assigned Address Amt. Deposit Received				Date Deposit Received			
Property Name								
Address								
Telephone #	Date of Occupancy Rating				Date of Lease Priority			
Applicant's Name	rst) (Middle)	(Last)			Date of E	Birth		
Social Security No.	(, ,						
Co-Applicant's Name(Fir		(Last)				Birth		
Social Security No	,	. ,						
Applicant	Present Address		State	Zip	Phone		Years	
Owner-Manager			Address		Phone			
Previous Address	City		State	Zip	Phone		Years	
Owner-Manager			Address		Phone			
Applicant Current Employer				Address		Phone		
Position	Salary	Supervisor	's Name		Phone			
Co-Applicant	Present Address		State	Zip	Phone		Years	
	riesent Address			ъњ			1 cals	
Owner-Manager			Address		Phone			
Co-Applicant Current Employer			Address		Phone			
Position	Salary	Supervisor	's Name		Phone			
Residence Desired		icy			Rent			
(Number of Be	drooms)							
If yes, please explain (you may use the						-		
Name	Relationship	• -	Soc. Sec.			Date of Birth		
·								
How many autos (including company c	ars) would you keep at this address?							
I hereby deposit \$ all rights to and forfeit said deposit a	as security for m	• •						
the exception of the application fee,	•	•				-		
application has been processed and a						-	_	-
authorize the Landlord to obtain a co	_	-			-			
with review of the account applied for authorized the Landlord to obtain cre	• •				•	•		_
The applicant(s) affirm(s) that all of		•	•		•			
direction of the applicant(s). The unc		sentations know	ving that if	any of sucl	h proves fa	lse, Landlord at his	option may cancel	l and
annul any lease given in reliance upo	on such information.							
Signature					Date			
Signature					Date			
		SUBM	IIT					