

APPLICATION TO RENT STUDIO 819

(All section must be completed, Individual applications requires from each occupant 18 years of age or older.)

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	DAYTIME PHONE	EVENING PHONE	

1	PRESENT ADDRESS			CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	AMT.PAID MONTHLY	OWNER/MGR. NAME	OWNER.MGR.PHONE NO. ()	
REASON FOR MOVING						
2	PREVIOUS ADDRESS			CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	AMT.PAID MONTHLY	OWNER/MGR. NAME	OWNER.MGR.PHONE NO. ()	
REASON FOR MOVING						
3	NEXT PREVIOUS ADDRESS			CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	AMT.PAID MONTHLY	OWNER/MGR. NAME	OWNER.MGR.PHONE NO. ()	
REASON FOR MOVING						

LIST ALL PROPOSED OCCUPANTS	NAME	NAME
	RELATIONSHIP	RELATIONSHIP
	NAME	NAME
	RELATIONSHIP	RELATIONSHIP

A	PRESENT OCCUPATION			EMPLOYER NAME			
	FROM	TO	PHONE NUMBER ()	EMPLOYER ADDRESS			
	NAME OF YOUR SUPERVISOR			GROSS INCOME	PER	WEEK	CHECK ONE MONTH YEAR
				\$			
B	PRESENT OCCUPATION			EMPLOYER NAME			
	FROM	TO	PHONE NUMBER ()	EMPLOYER ADDRESS			
	NAME OF YOUR SUPERVISOR			GROSS INCOME	PER	WEEK	CHECK ONE MONTH YEAR
				\$			

PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS BELOW.

NAME OF YOUR BANK	BRANCH OF ADDRESS	ACCOUNT NUMBER
		CHECKING
		SAVING

HOW DID YOU HEAR ABOUT US?

Applicants represents that all the above statements are true and current and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agree to furnish additional credit references upon request. Applicant further understands that the fee for verifying this application is not a deposit or rent and will not be applied to rent or refunded even if this application is declined.	
Date	Applicant

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MONTHLY PMT.ANT
		()	
		()	
		()	
		()	
		()	

IN CASE IF EMERGENCY, NOTIFY:	ADDRESS	PHONE NUMBER	RELATIONSHIP
NON-FAMILY REFERENCES:	ADDRESS	PHONE NUMBER	RELATIONSHIP

LIST ALL VEHICLES TO BE PARKED ON PREMISES

MAKE: _____ MODEL: _____ YEAR: _____ LICENSE#: _____

MAKE: _____ MODEL: _____ YEAR: _____ LICENSE#: _____

MOTORCYCLES OR OTHER VEHICLES (DESCRIBE):

Have you ever filed for bankruptcy? Yes / No

If yes, Please explain: _____

HAVE you ever been evicted or asked to move? Yes / No

If yes, Please explain: _____

This Section For Office Use Only					
Apartment applied for:	SIZE	PAX	ROOM#	PROPOSED MOVE - IN DATE	
Credit Link Profile:	POS	NEG.	PUB REC	COL	OTHER
Other Verification:			Comments:		