

Property Address	<input type="checkbox"/> Move-In Signed <input type="checkbox"/> Tenant File Card Updated <input type="checkbox"/> Rules and Welcome Mailed <input type="checkbox"/> Owner Notified <input type="checkbox"/> Broker Review <input type="checkbox"/> Application Approved <input type="checkbox"/> Rent Card	_____
Rent Amount		_____
<input type="checkbox"/> New Tenant <input type="checkbox"/> New in Possession <input type="checkbox"/> Former Borrower <input type="checkbox"/> Employee Tenant		_____

Name	Date of Birth	Social Security No:
		Driver Lic. No-Expir. Date:
Name of Co-Tenant	Date of Birth	Social Security No:
		Driver Lic. No-Expir. Date:
Present Address		Residence Phone:
City/State/ZIP	Cell Phone:	Business Phone:

How long at Present Address:	Landlord or Agent	Landlord Phone:
Occupants Relationships:		Pets:
Occupants Ages:		
Car Make:	Year: Model: Color:	License No.:

Previous Address:	Landlord or Agent	Landlord Phone
How long at this Address?	Other Occupants/Relationships:	

Occupation: *Note: If employed or self-employed less than two years, give same information on prior occupation. Verified by:

	Present Occupation*	Prior Occupation*	Co-Tenant's Occupation
Occupation			
Employer			
Self-Employed DBA			
Business Address			
Business Phone			
Type of Business:			
Position Held:			
Name and Title of Superior:			
How Long?:			
Monthly Gross Income			

References

Verified By:

Bank Reference:	Address:	Phone:			
Credit Reference	Account No.	Address	Highest Amount Owed	Purpose of Credit	Account Opened or Date Closed

Personal Reference	Address	Phone	Length of Acquaintance	Occupation
Nearest Relative	Address	Phone	City	Relationship

Have you ever filed a Petition in Bankruptcy?	Have you ever been evicted from any tenancy?	Verified By:
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Have you ever willfully and intentionally refused to pay any rent when due?

I declare that the foregoing information is true and correct, authorize its verification and the obtaining of a Consumer Credit Report.

I understand that the Landlord may terminate this agreement for any misstatement of fact in this application.

Date:	Applicant's Signature:	Applicant's Signature:
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