

Tenant Name:		Social SecurityNo.:	Birth Date:
		Drivers License No.:	Expir. Date:
Co-tenant Name:		Social SecurityNo.:	Birth Date:
		Drivers License No.:	Expir. Date:
Present Address:		Personal Phone:	
City, State, Zip:		Business Phone:	
How long at present address:	Landlord:	Phone:	
Current Rent:	Rent paid through:	Current Lease Expires:	
Previous Address:	How long:	Landlord:	
City, State, Zip		Pets:	
Occupants:	Relationships:	Ages:	

OCCUPATION			
	PRESENT OCCUPATION*	PRIOR OCCUPATION*	CO-TENANT'S OCCUPATION
Occupation			
Employer			
Self-employed doing business as			
Business Address			
Business Phone			
Type of Business			
Position held			
Supervisor Name and Title			
How long			
Monthly Gross Income			

* if employed or self-employed less than two years, give same information on prior occupation.

REFERENCES					
CREDIT REFERENCE	ACCOUNT NUMBER	ADDRESS	HIGHEST AMT OWED	PURPOSE OF CREDIT	DATE CLOSED/OPEN
PERSONAL REF	ADDRESS		PHONE	TIME KNOWN	OCCUPATION
NEAREST RELATIVE	ADDRESS		PHONE	CITY	RELATIONSHIP

Have you ever filed a petition for bankruptcy? _____

have you ever been evicted from any tenancy? _____

Have you ever willfully and intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT.

I agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above

Applicant: _____

Dated: _____

Applicant: _____

Dated: _____