

APPLICATION INFORMATION

Unit Address: _____

APPLICANT OR COSIGNER?

Your Name: _____

Date of Birth: _____

Spouse's Name: _____

Date of Birth: _____

Your Social Security # _____

Spouse's Social Security # _____

Email Address: _____

Spouse's Email Address: _____

Current Phone Numbers: H:(_____) W:(_____) C:(_____) _____

Names of People That Will Live With You (If you are a cosigner, please give your relationship to the renter):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Current Address-Street: _____ Dates Occupied: From: _____ To: _____

City _____ State _____ Zip _____

Current Landlord-Name: _____ Phone:(_____) _____

Why Are You Moving? _____ Current Rent: \$ _____

Previous Address-Street: _____ Dates Occupied: From: _____ To: _____

City _____ State _____ Zip _____

Previous Landlord-Name: _____ Phone:(_____) _____

Why Did You Move? _____ Previous Rent: \$ _____

Employed By: _____ Supervisor: _____

City: _____ State _____ Phone:(_____) _____

Position: _____ Monthly Income \$ _____ How Long? _____

Spouse Employed By: _____ Supervisor: _____

City: _____ State _____ Phone:(_____) _____

Position: _____ Monthly Income \$ _____ How Long? _____

(OVER)



Office Use Only: Rent: _____ Sec. Dep. _____ App. Dep. _____

Other Income: _____ **Source:** _____

Your Bank: _____ **Type Of Account:** _____

Credit Cards: _____ **Account Number:** _____
_____ **Number:** _____

Driver's License # Yours: _____ **Spouse:** _____

Auto Type: _____ **Year:** _____ **License #** _____

IN CASE OF EMERGENCY, NOTIFY: _____ **Phone:()** _____

Address-Street: _____

City: _____ **State:** _____ **Zip:** _____

DO YOU HAVE A PET? _____ **TYPE:** _____ **WEIGHT:** _____

DO YOU, OR DOES ANYONE LIVING WITH YOU, SMOKE A PIPE, CIGARS, OR CIGARETTES? _____

DO YOU EXPECT ANY CHANGE IN FAMILY, JOB, OR INCOME? _____

PURPOSE FOR SEEKING HOUSING IN THIS AREA:

- Student at _____ Temporary Job Until ___/___/___
Name of School
- New Employment Permanent Resident
- Other: _____

It is hereby agreed and understood that willfully giving false information on this form is grounds for immediate eviction. By my signature hereon, I hereby authorize the release of information regarding my landlord references, employment, banking, and/or credit ratings to Bartlein & Company, Inc. I understand that a credit report will be obtained from Trans Union Corp., P.O. Box 390, Springfield, PA 19064 Phone: (800) 888-4213 and that I may obtain a copy of my credit information directly from them.

Your Signature _____ Spouse's Signature _____ **Date:** ___/___/___

