

Credit Rental Application

No. Assigned: _____
Address: _____
Amt. Deposit Received: _____
Date Deposit Received: _____
Date of Occupancy: _____
Date of Lease: _____
Rating: _____
Priority: _____

Date: _____
Property Name: _____
Address Requested: _____

Name: _____ Marital Status: ----- Single _____
Married: _____
Divorced: _____

Date of Birth: _____ Social Security Number: _____ Driver License # _____ State: _____
Spouse / Roommate Name: _____
Date of Birth: _____ Social Security Number: _____ Driver License # _____ State: _____

Present Address	City	State	Zip	Phone	Years	
Owner-Manager				Address	Phone	
Previous Address	City	State	Zip	Phone	Years	
Owner-Manager				Address	Phone	
Current Employer				Address	Phone	Years
Position				Salary	Supervisor's Name	Phone
Previous Employer				Address	Phone	Years
Position				Salary	Supervisor's Name	Phone
Spouse's / Roommate's Employer				Address	Phone	Years
Position				Salary	Supervisor's Name	Phone

In case of emergency notify:
Name: _____ Address: _____ Phone: _____

Residence Desired: _____ Date of Occupancy: _____ Minimum Occupancy Expected: _____
(No. of bedrooms)

Have you ever broken a lease or been evicted from any type of housing? _____
If yes, please explain: (You may use the back of this form for additional space if necessary: _____)

Name of all other occupants (all persons to occupy premises must be listed):

Name	Relationship	Age

How many autos (Including company cars) would you keep at this address?
Make: _____ Color: _____ Year: _____ License No. _____
Make: _____ Color: _____ Year: _____ License No. _____

Reverences:

Phone: _____ Amount Owed: _____

Phone: _____ Amount Owed: _____
Personal: _____ Address: _____ Phone: _____
Personal: _____ Address: _____ Phone: _____

This application and the contents thereof are represented, by the undersigned, to be accurate and complete.

Signature: _____

Spouse / Roommate Signature: _____