Lease Application



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BUILDING ADDRES	S																
Address										Ар	Арт#			RENTAL PRICE			
APPLICANT INFOR	APPLICANT INFORMATION																
FIRST NAME MIDDLE NAME				LAST NAME							SOCIAL SECURITY NO.						
DATE OF BIRTH DRIVER LICENSE NO. STATE				PHONE				CELL			<u> </u>	EMAIL	MAIL				
PRESENT ADDRESS						Сіту			STATE	ZIP			LENGTH	ENGTH OF TIME RENT		Г	
PRESENT LANDLORD (CONTACT NAME)			Landlord's Phone			REA	SON F	FOR LEAVING	LEAVING								
CO-APPLICANT INFORMATION																	
FIRST NAME MIDDLE NAME			LAST NAME								SOCIAL SECURITY NO.).			
DATE OF BIRTH DRIVER LICENSE NO. STATE				PHONE			CELL			EMAIL							
PRESENT ADDRESS					Сіту	ſΥ			STATE	ZIP	ZIP		LENGTH OF TIME				
ADDITIONAL OCCU	PANTS																
Name			RELATIONSHIP			GE	NA	NAME				RELATIONSHI			IP AGE		
NAME RELAT			ATIONSHIP			GE	Name				Re			RELATIONSHIP AGE		AGE	
EMPLOYMENT																	
CURRENT EMPLOYER			Position				HOURS/WEEK SALARY/MONTHL				LY	Y YEARS EMPLOYED PROOF OF INCOME					
Address			CITY/STATE/ZIP					PHONE	CONTACT				T (SUPERVISOR)				
CO-APPLICANT CURRENT EMPLOYER			Position				+	HOURS/WEEK SALARY/MON			LY	YEARS	YEARS EMPLOYED PROOF OF INC			ME	
Address			CITY/STATE/ZIP				+	PHONE CC			CONTACT (SUPERVISOR)						
EMERGENCY/PER	SONAL	REFE	EREI	NCE	S												
EMERGENCY CONTACT RELATION			NSHIP ADDRESS								PHONE						
NAME	RELATIONSHIP			Address								PHONE					
NAME	RELATIONSHIP			Address							PHONE						
QUESTIONNAIRE/ AU	THORIZ	ATION	V														
				PPLICANT EVER BEEN IN LANDLORD/TENANT COURT?											res 🗖	No	
HAS APPLICANT EVER BEEN BANKRUPT?	PT? □YES □NO ANY			PREVIOUS FELONY CONVICTIONS? ☐ YES ☐ NO HA						HAS APP	HAS APPLICANT EVER BROKEN A LEASE? YES NO						
DO YOU OWN ANY PETS?			Any sm	NY SMOKERS IN HOUSEHOLD? YES NO AI						ARE YOU	ARE YOU THE PRIMARY DECISION MAKER? Yes No						
APPLICANT(S) AUTHORIZES THE LANDLORD TO APPLICANT. ALL INFORMATION IS TRUE, ACCU ANY PERSON OR FIRM IS AUTHORIZED	JRATE AND COMP	ETE TO THI	E BEST OF	F APPLICAI	NT'S KNO	WLEDG	E. LA	NDLORD RESERVE	S THE RIGHT T	O DISQUAL	IFY T	ENANT IF IN	NFORMATION I	S NOT AS REF	RESENTI	ED.	
APPLICANT SIGNATURE				DATE				CO-APPLICANT SIGNATURE							DATE		