

Residential Lease Application

Unit _____

Name _____ Phone _____

SSN _____ DOB _____

Driver's License # _____ State _____

Current Address _____

Landlord's Name _____ Phone _____

How Long At Current Address _____ Year(s) _____ Months Rent Amt \$ _____

May we inspect your current residence? YES NO

Previous Address _____

Previous Landlord _____ Phone# _____

How Long at Previous Address _____ Year(s) _____ Months Rent Amount \$ _____

Current Employer _____ Phone Number _____

May we contact your employer? Yes No

How long Employed? _____ Year(s) _____ Months

Position _____ Contact _____

Weekly Gross Income\$ _____

Occupant's Information (If more room is needed, please write information on back.)

Name	Age	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact (Not living with you)

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

I hereby swear that all information provided herein is correct and true to the best of my knowledge. I hereby give permission for Landlord or their agents to do background check including, but not limited to credit and criminal reports

Signature _____ Date _____ Print Name _____