Application for Residential Tenancy

Fill in all requested information below. By completing and submitting the application for review, you:

- 1. certify that all answers are true and complete to the best of your knowledge,
- 2. authorize investigation of all statements claimed, and
- 3. understand that the landlord may terminate any rental agreement entered into for any misrepresentation in this application for tenancy.

Full Name:		Phone:		
Email address:		Cell Phone:		
DOB:	SSN:			
Drivers license number:		State:	Exp:	
Current address:	City	v:State:_	Zip:	
Current landlord's name:		Landlord's phone:		
How long at this address:	Reason for leavi	ng:		
Previous address:	City	: State: _	Zip:	
How long at this address:	Reason for leavi	ng:		
Present employer:	Position	:N	Ionthly income:	
Phone:	How long at job:	Other income	e/source:	
Employer's address:		City:	State:	
Personal references				
Name:	Years known:	_ Relationship:	Phone:	
Name:	Years known:	_ Relationship:	Phone:	
Name:	Years known:	_ Relationship:	Phone:	
Total number of adults who wi	ll reside at			
Type of unit you are interested	in: one bedroom	two bedroom		