

TWO EAST EIGHTH STREET APARTMENTS

THIS FORM MUST BE COMPLETED BY APPLICANT. APARTMENT APPLYING FOR _____

Name: _____ Work Phone: (____) _____
(Last, First, Middle) Home Phone: (____) _____

Present Address: _____
(No., Street, City, State, Zip)

E-mail address: _____ Fax Number: (____) _____

Social Security #: _____ Date of Birth: _____

List all persons who will be living in your home.

Name	Date of Birth	Social Security #

Present Housing: ___ Rent ___ Homeowner ___ Other (Explain): _____

Monthly Rent \$ _____

Present Landlord: _____
(Name, Address, City, State, Zip Code)

Present Landlord Phone # _____ Occupancy Since: _____ Lease Expires: _____

Previous Address: _____ Tenant for: ___yrs. ___ mos.

Previous Landlord: _____
(Name, Address, City, State, Zip Code)

Previous Address: : _____ Tenant for: ___yrs. ___ mos.

Previous Landlord: _____
(Name, Address, City, State, Zip Code)

EMPLOYMENT/INCOME INFORMATION

Applicant's Present Employment	Applicant's Previous Employment
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Phone Number:	Phone Number:
Fax #:	Fax #:
E-mail Address:	E-mail Address:
Type of Business:	Type of Business:
Position Occupied:	Position Occupied:
Name and Title of Supervisor:	Name and Title of Supervisor:
No. of years in Present Employment:	No. of years employed:
Annual Income from Employment: \$	Annual Income: \$
Other Non-Employment Income:	

For each automobile owned list the make, model, license plate number and state where licensed:

Applicant's Driver's License #: _____

Do you own a pet? ___ Yes ___ No Type/Weight _____

List all checking and savings accounts (including IRA's, Keogh accounts and Certificates of Deposit)

	Bank Name and Address	Type of Account/ Account Number	Amount

CURRENT CREDIT ACCOUNTS:

a. Installment or Revolving Credit Accounts Payable:

Charge Account Name	Amount Owed	No. Payments Left	Monthly Payments

b. Notes Payable and Other Debts (Automobiles, Mortgage, Personal, etc.)

Type	Payable to or Lender's Name	Amount Owed	No. Payments Left	Monthly Payment
Total a and b		\$		\$

EMERGENCY CONTACT INFORMATION: _____

(Parent or Nearest Relative Name, Address, City, State, Zip, Phone)

AUTHORIZATION TO CHECK CREDIT: In connection with your apartment application, a consumer or credit reporting agency may be asked to make an investigative consumer or credit report on you.

I(we) understand and hereby authorize agent/owner and any consumer or credit reporting agency or bureau employed by it to investigate my(our) character, general reputation, mode of living, credit and financial responsibility and the statements made with the Application and to inquire and check with the persons and references named herein and also authorize(s) such credit or consumer reporting agency or bureau to make a consumer or credit report in connection therewith. A deposit in the sum of \$ _____ is made herewith to be applied to the first month's rent. This deposit will be held during the processing of this application. If the application is approved and accepted, then applicant(s) agrees to execute a written lease. If this application is not approved and accepted, the deposit will be promptly refunded. In addition to deposit, the sum of \$ _____ is hereby paid to cover the cost and expenses of obtaining a credit report on the applicant; the sum is NOT REFUNDABLE. Applicant(s) understands that the filing of this application does not in any way bind <Property> to reserve or assign an apartment to me(us).

I, do hereby swear and attest that all of the information above about me is true and correct.

Applicant Signature Date