

Standard Lease Application

FAX to 272-2136

Property Address:

Name Do you receive/pay child support?

SS NO. D.O.B. Monthly Amount

Spouse's Name Banking (Checking) Account Number

SS NO. D.O.B. Banking (Savings) Account Number

Home Phone Work Phone Have you filed Bankruptcy? When?

Address Zip Have you had a Foreclosure? When?

Years Residing There Payment Have you been in the Military?

Employer Spouse's Employer

Employer's Address Employer's Address

Occupation Hrs Worked Wages Occupation Hrs Worked Wages

years on job # years in field

Name, Phone and Relationship of 2 Relatives or Friends not living with you:

1. _____

2. _____

Any deposit or option consideration given in connection with the property listed above will be **non-refundable**. The information on this application form is strictly confidential and will be kept so by the management. The purpose of the information is to verify your credit qualifications. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups, organizations or references listed to obtain and verify any information or materials which is deemed necessary to complete my application and/or on an annual basis to evaluate for renewal consideration or to assist in contacting me should it become necessary to locate me relevant to matters involved in this tenancy.

Signature Signature Date