

Work Number	

LEASE APPLICATION

First Name	st Name Initial		Last Name		Social Security #
irst Name Initial		Last Name		D.O.B.	
Present Address		City	Zip Code	Phone	How Long
Previous Address		City	Zip Code	Phone	How Long
Name and Address of Present La	ndlord				Phone
Employed By	City	Posit	tion	Salary	How Long
Former Employer	City	Position		Salary	How Long
Co-Applicant Employed By	City	Position		Salary	How Long
Former Employer	City	Posit	tion	Salary	How Long
Type of Apartment Wanted:	1 Bedroom	2 Bedroom	1st floor	2nd	floor 3rd floor
LIST OF PERSONS	WHO WILL OCCUPY	YOUR APAR	RTMENT OTH	ER THAN Y	OURSELF
Name		Age	Age Relationship		
Manager Committee of the Committee of th			· · · · · · · · · · · · · · · · · · ·		
Drivers License Number	9			-	
Auto Make: No. 1			. 2		
NAM	E OF PERSON TO NO	OTIFY IN CA	SE OF EMER	GENCY	
Name		City		State	Phone
. Tvaine	Relationship				
Date/ Time I (We) authorize Central States t	I (We) ce	ertify that the	e preceding info		
	,	Applican	t's Signature		
Applicant understands that the rent deposit given with this application is refundable only if this application is rejected and for no other reasons.		Applicant's Signature			
		Apt. Assigned			
Elowice of the section of		Rental R	ate		
		Security	Dep		

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color sex, national origin, religion, handicap, familial status (presence of children under age 18), marita status or age.