



## TENANT APPLICATION AND INFO SHEET

### UNIT:

- |  |  |
|--|--|
| <input type="checkbox"/> 310 West Belleview (5 Tenants)        | <input type="checkbox"/> 318 West Belleview Apt #A (5 Tenants) |
| <input type="checkbox"/> 318 West Belleview Apt #B (5 Tenants) | <input type="checkbox"/> 318 West Belleview Apt #C (5 Tenants) |
| <input type="checkbox"/> 320 West Mark St Apt #5 (5 Tenants)   | <input type="checkbox"/> 320 West Mark St Apt #ES (5 Tenants)  |
| <input type="checkbox"/> 520 Harriet St Apt #8 (5 Tenants)     | <input type="checkbox"/> 520 Harriet St Apt #9 (5 Tenants)     |
| <input type="checkbox"/> 520 Harriet St Apt #10 (5 Tenants)    | <input type="checkbox"/> 529 Huff Street Apt #1 (2-4 Tenants)  |
| <input type="checkbox"/> 529 Huff Street Apt #2 (2-4 Tenants)  | <input type="checkbox"/> 529 Huff Street Apt #3 (4-5 Tenants)  |
| <input type="checkbox"/> 529 Huff Street Apt #4 (2 Tenants)    | <input type="checkbox"/> 526 Harriet Street (5 Tenants)        |
| <input type="checkbox"/> 528 Harriet Street (4-5 Tenants)      | <input type="checkbox"/> WAIT LIST                             |

### ABOUT YOU:

NAME: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Drivers Lic # \_\_\_\_\_

Anticipated Roommates: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Parents Address: \_\_\_\_\_

School ? YES NO School \_\_\_\_\_

Employed ? YES NO Employer \_\_\_\_\_

Employers Address : \_\_\_\_\_

Employers Phone : \_\_\_\_\_

Income (Net Monthly): \_\_\_\_\_ Other Income: \_\_\_\_\_

Who will be paying your rent if unemployed ? \_\_\_\_\_

### PREVIOUS RENTAL HISTORY

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Rent: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

WHERE did you hear about us? \_\_\_\_\_

I CERTIFY that the above information is true and correct to the best of my knowledge and belief:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_