## APPLICATION

Each adult should complete a separate application

Which	
Property:	_

		Please include middle initial or name and suffixes Do all applicants live there?					
Where do you live nov	W:			Do all applic	ants live there?		
City/Town:		State	Zıp Code	Phone: _			
	e-mail address:_				11 11 10		
					sident including yourself:		
Name:		_ Birth date:	Social	Security No			
	sident ever been knowr						
	•	•	•	order of where all y	you have lived in the last		
	w short of a period you m						
Address where you liv	re now:		Date you	moved in:	to present.		
Landlord's Name:		Phone 1	Number:	Is your l	andlord related to you in		
any way?If s	so, how?	Was any	y previous landlord	l related to you in	any way? If so,		
how and at which add	ress?				<del></del>		
Address prior to curre	nt one:		Date vou	moved in:	Date you moved		
out.	I andlord's Nam	ne.	Date you	Phone Nur	Date you moved nber:		
Previous address:		Date y	ou moved in:		_Date you moved		
out:	Landlord's Name:_			Phone Number	: <u>_</u> _		
Dunni arra a deluacar		Data			Data was massad		
Previous address:	Landlord's Name:_ces in 10 years, provide the	Date y	ou moved in:	Dhana Numban	_Date you moved		
out.	Landiord's Name:_		C111	Phone Number			
If more than 4 residen	ces in 10 years, provide ti	ne above information	for each residence	on the back of thi	s sneet.		
	If so, how many?						
	ow old is each pet?						
	Γ. OF HOUSEHOLD						
					credit cards, expense for		
day-to-day child care,,	, court judgments, bills or	unpaid balances up t	o / years old that a	are outstanding and	a not paid.		
	Have you been contin		ceiving pay, for th	e last 2 years?	Where are you		
employed and your po	sition:						
	affic citations, please indi	•	owing situations ar	re applicable to yo	u:		
YesNo	Have delinquent credit a						
Yes No	Have civil actions where	• • •					
YesNo	Criminal record involving	_	_				
YesNo	Criminal record involving						
YesNo	Am being evicted now of						
YesNo	Have been evicted in the						
YesNo	Have declared bankrupto			l? When wa	s that?		
YesNo	Am planning to declare						
YesNo	Have lost a house to fore	eclosure/bankruptcy o	or signed back a ho	ouse			
YesNo	Have had a vehicle repo	ssessed or signed bac	k a vehicle				
YesNo	Someone in my family h	as been adversely aff	fected by lead/lead	-based paint			
YesNo	Baby sit children in my	home other than my o	own children				
YesNo	Have a home-based busin	ness. If so, nature of	that business:				
	n that all information provid						
		valuating the qualificati	ons of myself and th	ie members of my ho	ousehold so that I (we) may		
be approved to rent or le	ase uns property.						
Today's Date:			Applic	ant's Signature			
Phone Bill Your, 740-36	60-2142, when you are ready	to submit your applica	tion.				