AMSTEL ASSOCIATES, LLC / AMSTEL SQUARE, LLC

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Apartment Rental Application Form

All applicants must fully complete a rental application. If something is not applicable, please mark as N/A. Incomplete applications may not be considered. There is no application fee. Please print legibly.

Date of Application:		
Applicants Full Name:		
Cell #:	email:	
D.O.B	U.S. Citizen: Y / N	
SS#	(only required if application is accepted)	
Permanent Home Mailing Add	ess:	
City:	State: Zip:	
Orivers License State & Numbe	r:	
Will You Have An Electric Vehi	le On Site: Y / N Do You Smoke: Y / N Sex: F / M	
Current Academic Class: FR	oph JR SR Grad GPA:	
Applicants Names (Co-Occupa	its) who will also be on the Lease:	
1		
2		
3		
1		
5		
ō		
Parent/Guarantor Information		
Parent/Guarantor Full Name:		
Phone #:	Email:	
	ubmitting an application for a group lease and that all units are leased per unit and not i t an approved executed Parent/Guarantor form will also be required. Applicant further nd are permitted.	
Applicants Signature:	Date:	