Cuzins Property Management Rental Application

Applicant Information		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Landlord:	E-mail:	Phone:
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
Landlord:	E-mail:	Phone:

Employment Information		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Landlord:	E-mail:	Phone:
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
Landlord:	E-mail:	Phone:

Co-applicant Employment Information		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

References		
Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

List all People who will be residing in apartment

Name:	
Date of birth:	
Name:	
Date of birth:	
Name:	
Date of birth:	
Name:	
Date of birth:	
Name:	
Date of birth:	
Name:	
Date of birth:	
Name:	
Date of birth:	