APPLICATION FOR RENTAL OF UNIT

OWNER'S NAME_____UNIT NO._____DATE_____

APPLICANT'S NAME_____ SS #_____DOB_____

SPOUSE_____

ADDRESS_____

_____ _____
City State Zip Telephone #

Length of time at this Address:_____

Present Occupation:_____

Business Address: _____

_____ _____
City State Zip Telephone #

BUSINESS REFERENCES: Name – Address – Phone

1. _____
2. _____
3. _____

PERSONAL REFERENCES : *Known 5 years or longer*

1. _____
2. _____
3. _____

HOW MANY PEOPLE WILL OCCUPY APARTMENT? _____

A check for $100.00 and a copy of the lease are attached. They are to be received at least five (5) days prior to the required interview. An owner must apply to the Association for approval of a lease before an Application to Lease is approved. I understand that a background check and credit report will be obtained.

Applicant's signature _____ Date _____

Rev. Jan. 2018