

Please fill out application completely and return, fax or email to our office!

123 E. Main St. (8720 S.) Sandy UT (mail slot in side of door- 24 hr)

(801) 253-7788 office (801) 253-7774 fax

witherspoonjim@msn.com

	Anticipated length of occup	pancy	Email					
P	Name		Date of	of birth	Social	Security #		
E	Name of co- resident		Date of	of birth	Social	Security #		
R	Resident's Driver's lic. #		Co-Re	esident's Driver	's lic. #			
0	Present Address			Zip.	Phone #		Cell #	
N	How long at present addre	ss?	Landlord	p	hone #			
A L	Reason for moving:						Rent\$	
	How long at previous addr	ess?	Landlord	p	hone #	THE SECOND SECOND SECOND SECOND		
I N	Reason for moving:				Pets?			
F	Occupants: Relationship and ages							
0	Car Make	Year	Model		Color	Lic.#		
	Car Make	Year	Model		Color	Lic.#		
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	Present Occupation	Prior Occupation	Co-resident's occupation
Occupation			
Employer			
Business address	45		
Business Phone #			
Name & Title of Superior			
How Long			
Monthly gross income			

REFERENCES

Bank Reference		Address					Phone #	
Credit Reference Address		/ phone		Balance		Monthly payments		
Emergency contact	Address		Phone		City /State		Relationship	
Emergency contact	Address		FIIOII		City Istate		Relationship	
							_	
Nearest Relative	Address		Phone	9	City /State		Relationship	
Have you ever: filed bankruptcy? If yes what year . Been convicted of a crime?								
Been evicted? Been sued by a landlord? Broken a rental agreement or lease?								
If yes to any of the above plea	ase explain	on back of appl	lication					

I agree that landlord may terminate any agreement entered into in reliance on any misstatement made above. I declare the forgoing to be true under penalty of perjury. I/We hereby authorize verification of any information contained in this application to be made at any time by property owner or their agents. I/We authorize you to obtain our credit report and criminal background check.

Applicant	Date	Co- Applicant	Date
/ portourit	D-0110		