



**EMERGENCY/PERSONAL REFERENCE INFORMATION**

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

MOTHER'S MAIDEN NAME: \_\_\_\_\_

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

**VEHICLE INFORMATION - (Please state exact number of motor vehicle that will be at the premises)**

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

Have you ever filed for bankruptcy? IF YES, DATE BK FILED AND DESCRIBE: \_\_\_\_\_

Have you ever been evicted or asked to move? IF YES, PLEASE DESCRIBE: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

The undersigned makes application to rent housing accommodations designated as: \_\_\_\_\_

Address of: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_  
 the rental for which is \$ \_\_\_\_\_ per  Month  Week  Other \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Applicant