

Applicant's Full Name		Date of Birth		
Present Street Address				
City, State, Zip		Phone		
Driver's License # & State Issued		Email		
Present Landlord		Landlord's Phone		
How long here?	Reason for Leaving?	Cı	urrent Rent?	
Previous Street Address		How long there?		
City, State, Zip		Reason for Leaving?		
Landlord's Name		Landlord's Phone		
Have you ever been party to an eviction	?			
Present Employer		Employer's Phone		
Employer's Street Address		Your Position		
City, State, Zip		Length of Employment		
Monthly Salary \$	Plea	ase provide pay stubs or	verification of salary & income	
Other Income Received Monthly \$		Sources of Other Income		
Automobile Make	Model	Year	State/Tag#	

Closest Relative/Emergency Contact Name		Relationship		
Street Address	Phone			
City, State, Zip	Employer Name & Phone			
Other Resident Name	Relationship	Age		
Other Resident Name	Relationship	Age		
Other Resident Name	Relationship	Age		
*Please list any additional residents on the back of this form Total Residents (including yourself)				
Do you have a pet?What kind of a	nimal?Breed	Weight		
All pets are subject to a pet interview. Please prov	vide updated vaccination records for	your pet, and if you have a dog we		
will need documentation of renter's insurance.				
I hereby make application for the purpose and certify under the penalty of law that Property Management to investigate these be necessary at arriving at a leasing decis Property Management which may, without disapproval shall not be considered a refl Management may terminate any rental a	the above information is factual and se statements and obtain further bation. This application is made subjectut designating cause, disapprove sail ection upon the applicant. I understant.	correct. I authorize Eastern ckground information as may t to the approval by Eastern d application. Such cand that Eastern Property		
Signature	Date			