

APPLICATION FOR LEASE

How did you hear about Crown Property Management? _____.

PLEASE PRINT AND ANSWER ALL QUESTIONS

1. APPLICANT(S).

1st Applicant Name (Print)		2nd Applicant Name (Print)	
Address (Street)		Address (Street)	
City/State/Zip		City/State/Zip	
Social Security #	Date of Birth	Social Security #	Date of Birth
Cell Phone		Cell Phone	
Email		Email	

2. OTHER OCCUPANTS. List below the names of *all other* persons (in addition to "Applicant (s)" above) to occupy Apartment regularly, Occupancy is *restricted* to individuals listed.

Full Name	Relationship	Age of Children	Remarks

How many autos will you keep in the area? _____

Make _____/Model _____/Year _____/Color _____/License No. _____

Make _____/Model _____/Year _____/Color _____/License No. _____

3. YOUR RESIDENCE.

Your Landlord's Name and Address - For Residence(s) Listed in 1. Above				Telephone No.	How Long?
Name	Street	City	State Zip		
Present:					
Previous:					
Previous:					

4. CURRENT EMPLOYMENT.

Name and Address of Firm	Your Supervisor _____	Business Telephone _____
	Your Position _____	How Long Employed _____
	Your Annual Income _____	

CURRENT EMPLOYMENT OF 2ND APPLICANT.

Name and Address of Firm	Your Supervisor _____	Business Telephone _____
	Your Position _____	How Long Employed _____
	Your Annual Income _____	

Other Income: (Indicate Amount and Source) _____

5. EMERGENCY CONTACT INFORMATION.

	Name	Telephone
No. 1		
No. 2		

Have you ever been dispossessed for non-payment of rent or otherwise failed to meet your lease obligations? Yes _____ No _____

I (We) certify that all information in this application is true to the best of my/our knowledge and that false statements or wrong information will lead to cancellation of the application or termination of the lease after occupancy.

I (We) hereby authorize Crown Property Management and its agents/employees to obtain and verify credit, criminal background and landlord history, and to verify income and asset information as necessary.

Applicant: X _____ Date _____

Applicant X _____ Date _____

Office Use Only

Apt. No.	No. of Bedrms	No. of Baths	Monthly Rental	Security Deposit	Length of Lease	Date Lease Begins	Late Charge	Rent Payable
			\$	\$			\$ 50.00	on 1st
Remarks:								

Rental Amount _____

Deposit _____

Amount Paid _____

Due at Signing of Lease _____

