## INITIAL POINT PROPERTY MANAGEMENT RENTAL APPLICATION

\*ANY PERSON 18 OR OLDER RESIDING IN THE POTENTIAL RENTAL WILL NEED TO COMPLETE A RENTAL APPLICATION

Applicant Infor	mation							
Name:								
Date of birth:		SSN:			Phone:			
Current Address:			Email:					
City:		State:			ZIP Code:			
Own Rent (Please circle)		Monthly payment or rent:		How long?				
Previous address:		·			<b>—</b>		enancement of the control of the con	
City:		State:			ZIP Code:			
Owned/Rented (Please circle)		Monthly payment or rent:				How long?		
Automobile Infor	mation							
Make:		Model:		7	Year:	Col	or:	
	Plates:			Driv	ers Lic. #:			
Employment Int	formation				e N			
Current employer:							**************************************	
Employer address:						How lo	ng?	
Phone:		E-mail:			Fax:			
City:		State:	<u> </u>		ZIP Code:	ZIP Code:		
Position:		Hourly Salary (Please circle)		Annual in	Annual income:			
Other Income:								
Applicant Credi	it Obligatio	ns (credit card	ls, studen	t loa	ns, car, per	sonal l	oan, etc.)	
Company/Institution:		Monthly Minimum		Current Loan Balance:				
1.			*****************					
2.								
3.					_		\$	
_4							***************************************	
5.								
Emergency Con								
Name of a person :	not residing v	with you:				1,1-9,10,6,445,104,104,104,104,104,104,104,104,104,104	***************************************	
		GL-1	7ID C 1		T	DI		
City:		State:	ZIP Code	): 		Phone:		
Relationship:				alter-en services		TO WARRIE WAS TO THE		
Co-applicant In	formation							
Name:		T			T	<del></del>	and the second s	
Date of birth:		SSN:			Phone:			
Current Address:			Email:		Systematics receipt			
City:		State:		ZIP Code:		*		
Own Rent (Ple	ease circle)	Monthly payme	ent or rent:			How lo	ng?	
Previous address:			VFK				vinia www.man.ama.ama.ama.ama.ama.ama.ama.ama.ama	
City:		State:			ZIP Code:			
Owned Rented (Ple		Monthly payme	ent or rent:			How lo	ng?	
Co-applicant Aut	omobile							
Make:		Model:	1		Year:	Col	or:	
	Plates:			Driv	vers Lic. #:			

Co-applicant Emp	oloyment	t Infor	mation			
Current Employer:			unanica managy circum	Address:		
Phone:		E-m	ail:		Fax:	
City:	State:			ZIP Code:	How Long?	
Position:		Hou	Hourly Salary (Please circle)		Annual income:	
Other Income:			Ave a second			
Co-applicant Credi	t Obligat	ions (c	redit ca	rds, student loans, c	ear, personal loan,	etc.)
Company/Institution	:	Mon	thly Mir	nimum Payment:	Current Loan Bala	ince:
1.						
2.						
3.						
4.						
5.						
Name and Ages of A	ALL Pers	sons To	Reside	In Unit		
Name:		Ag	ge:	Name:		Age:
Name:		Αg	ge:	Name:		Age:
Name:		Ag	ge:	Name:		Age:
Pets						
How Many:		Bree	ed:		How Old:	
		Bree	ed:		How Old:	
	<del></del>	Bree	ed:		How Old:	THE STATE OF THE S
Criminal History						
List all Misdemeano	rs charges	s and/o	r outcom	ies:		
					The first the state of the same was a second to the state of the state	
List all Felony charg	es and/or	outcon	nes:			
Last Three Places o	f		15.57% <b>V</b>			
Dates From/To:	/1	Addre	88.		Landlord:	
		110010		Landlord Phone #:	- Landiora.	
D 4 F /T		A 1.1		Landiord I fiotic #.	T 11 1	
Dates From/To:		Addre	SS:		Landlord:	
				Landlord Phone #:		
Dates From/To:		Addre	ss:		Landlord:	
				Landlord Phone #:		
References						
Name:			Relatio	nship:	Phone #:	
	Email:			L		
Name:	milli.		Dalatia	nchine	Phone #:	
ivalite.	ъ. ••		Relatio	пашр.	FHORE #:	
	Email:					
Name:			Relatio	nship:	Phone #:	
	Email:			F01-852		

Notes (For Office Use Only)	
I/We understand that Initial Point Property Manage representative of the Owner and that the leasing Agent's fee undersigned acknowledges that this written notice was received agreement.  I/We declare the foregoing information is true and	will be paid by the Owner. The ved prior to receiving a lease
Initial Point Property Management to conduct an employment references.	
I/We have received a copy of this application.	
Signature of applicant:	Date:
Signature of co-applicant:	Date:
Verifications (Office Use	e Only)
Present Landlord	
Prior Landlord	
Applicant's Employer	
Co-Applicant's Employer	
References	
Credit	

