CAMBRIDGE HALL APARTMENTS

NAMES TO APPEAR ON LEASE

LEASEHOLDER APPLICATION

Date of Birth Name (include full middle name) Phone _____ Cell____ Email____ NAMES OF ALL OCCUPANTS & RELATIONSHIPS TO LEASEHOLDER Date of Birth Relationship Name 2. ___ Name Date of Birth Relationship Name Date of Birth Relationship RESIDENCE HISTORY Current Address City State Zip Monthly Rent/Mortgage Payment \$______ Dates of Residency (from/to)______ Owner/Manager's Name (For Rental Reference only) Phone: (If current is less than 1 year) Previous Address _____ City State Zip Monthly Rent/Mortgage Payment \$______ Dates of Residency (from/to) _____ Owner/Manager's Name (For Rental Reference only) ______ Phone: **EMPLOYMENT HISTORY** (Last 2 paystubs or Tax Returns required) Current Employer Position Dates of Employment ______ Name of Supervisor_____ Direct Phone for Supervisor Monthly Salary \$ (If current is less than 1 year) Previous Employer Position Dates of Employment Name of Supervisor Direct Phone for Supervisor ______Monthly Salary \$_____ ADDITIONAL INCOME Amount \$_____ Source _____ Please complete back side **EMERGENCY CONTACT** Name _____ Phone# ____

Address		Relationship		
MOTOR VEHICLE (residents only)				
1. Make/Model:	Color:	Year:	Plate#:	
CONSUMER AUTHOR	RIZATION TO OBTAIN	CONSUMER I	REPORT	
I hereby authorize CoreLogic SafeRent to obtain a information it deems necessary, for the purpose of but is not limited to credit history, civil and crimina vehicle records, licensing records, and/or any other	evaluating my application al information, records of	. I understand th	at such information may	include,
I hereby expressly release CoreLogic SafeRent, and the use, procurement, or furnishing of such informations local, state and/or federal government agent	ation, and understand that	my application in	nformation may be provi-	ded to
 If the agents for Cambridge Hall Apts. de Application to be false or misleading, the separation of the sepa	he lease may be canceled ate checks the following: plication fee. first month's rent. If the appartments to use a consumpartments to use a consumpartment.	without notice plicant cancels will be forfeited. her-reporting age	ncy, s	
This is a rent application only & does not constitute relationship between parties. An application is to be to be only one leaseholder, and other residents wou completed application(s), income verification & ap * All students must be at least 20 years old.	e completed by the leasehold be listed as occupants.	older & all occup Please note a ren	oants 18 years or older*. ' tal unit will not be held u	There is
Signature of Applicant	D	Pate		
FOR OFFICE USE ONLY:				
Unit:				
Term:				
Size:				
Lease Start Date:				
Rent:				
Approved:				

MIA Date: