## **Stonehill Rentals**

## Application for Lease

Property Address to Lease :	Property Address to Lease :				
Monthly Rent :	Deposit :	Pet Deposit :			
Lease begins :		For :	Months/Years		
Applicants Name :					
Date of Birth :		Social Security Number:			
Drivers License Number :		State of License :			
Current Phone Number(s):					
Email Address:					
Present Employer :		Supervisor :			
Business Address :					
Business Phone Number :		Salary :	Per :		
Position:		How Long :			
Co-Applicants Name :					
Date of Birth :		Social Security Number :			
Drivers License Number :		State of License :			
Cell Phone:		Email Address:			
Present Employer :		Supervisor :			
Business Address :					
Business Phone Number :		Salary :	Per :		
Position:		How Long:			
Present Address :					
How Long: Landle	ord's Name, Address	, & Phone Number :			
Current Rent or Mortgage :					
Previous Address :					
Dates Lived There :		to			
Landlord's Name, Address, & Phone	e Number :				

Pets: Description:			
List any income you wish to be considered:			
Number of Automobiles, Campers, Vans, etc	. (List Make, Model, Color	, and Year):	
		License #	
		License #	
		License #	
Occupants of the Household:			
Name :	Age :	Relationship :	
Name :	Age :	Relationship :	
Name :	Age :	Relationship :	
Name :	Age :	Relationship :	
Emergency Notification:			
Name :		Relationship :	
Phone(s):	Address :		
Personal References :			
Name :		Relationship :	
Address:			
Phone Number :	Known How Long:		
Name :		Relationship :	
Address :			
Phone Number :	Known How Long:		
Have you ever been Evicted or Had a Judgen	nent against you? :		
Have you ever filed for Bankruptcy?:		State :	
Date Filed :	Date Granted :		
Please List Accounts that are Open (list amounts List Accounts you have had in Recent History	• •	yments) If NO Accounts are Open,	
Bank References:			
Name :	Account Nui	Account Number :	
Name :	Account Nu	mber :	
Credit Card References:			

Name:	Account Number:	
Name :	Account Number:	
I Hereby certify that the above information is true to the	e best of my knowledge.	
I Hereby authorize the Person or Agent to whom this agagency to investigate the references that I have listed or responsibility.		<del>_</del>
This Application must be signed and processed.		
Applicant :		Date :
Co-Applicant:		Date :