

Financial Obligations and Credit References

Name of Creditor	Address	Phone	Monthly Payment Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Name of each person who will be living in unit:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Transportation Information

Year	Make	Model	Color	License Plate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In Case Of Emergency

Name	Phone	Relationship	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____

For Office Use Only

Copy of License _____ Verify ID _____ Deposit Paid _____ Credit Report _____ Criminal Report _____

Application Fee Paid _____

Approved _____ Insufficient Income _____ No References _____ Insufficient Information _____

Rejected for other reasons _____