

**INVESTORS CHOICE ASSOCIATION AND PROPERTY MANAGEMENT SERVICES LLC
RENTAL APPLICATION
Complete and Fax to: 866-511-0881**

Name:	Social Security:		
Name of Co-Tenant 1:	Driver Lic. No.	Expir. Date:	
Name of Co-Tenant 2:	Res. Phone No.	Bus. Phone No.	
Present Address:	How long at present address:		
City/State/Zip:	Landlord or Agent	Phone:	
How long at present address:	Current Rent:	Rent Paid Through:	Current Lease Expires:
Previous Address:	How Long:	Landlord or Agent:	Phone:
City/State/Zip:			
Car Type:	Make:	Year:	Tag No.:

OCCUPATION

	PRESENT OCCUPATION:	PRIOR OCCUPATION:
Occupation:		
Employer:		
Business Address:		
City / State / Zip		
Business Phone:		
Type of Business:		
Position Held:		
Name and Title of Supervisor:		
How Long:		
Monthly Gross Income:		

REFERENCES

BANK REFERENCES:				
BANK NAME: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		ACCOUNT NO:	ADDRESS:	
CREDIT REFERENCES:				
CREDIT NAME:		ACCOUNT NO:	ADDRESS:	
PERSONAL REFERENCE:	ADDRESS:	PHONE:	LENGTH OF ACQUAINTANCE:	OCCUPATION:
NEAREST RELATIVE:	ADDRESS:	PHONE:	CITY/STATE/ZIP	RELATIONSHIP:

Have you filed a petition for bankruptcy? _____ Have you ever been evicted from any tenancy? _____
Have you willfully and/or intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT.

I agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above.

APPLICANT

DATE