

# Rental Application-CC Wilson 702 N. Tower Ave.

## Applicant Information

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?

## Employment/Income Information

Current employer/Source of Income:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	monthly income:	

## Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

## References (one personal and two credit references)

Name	Address	Phone

Do you smoke? Y  N  Do you use illegal drugs? Y  N  Have you ever filed for bankruptcy? Y  N  Have you ever been evicted from any tenancy? Y  N  Have you ever willfully and intentionally refused to pay rent when due? Y  N

I authorize the verification of the information provided on this form as to my credit and employment. I declare the foregoing to be true and correct.

Signature of applicant:	Date:
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