

# APP, Inc. Rental Application

## Applicant Information

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

**You will be contacted by the credit verifying company via email to verify your identity.**

## Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly	Salary	Annual income:

## Emergency Contact

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

## Co-applicant Information, if Married

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	
Monthly payment or rent:		How long?	
Email address required:			
<b>You will be contacted by the credit verifying company via email to verify your identity.</b>			

## Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly	Salary	Annual income:

## References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: