

PREMIER HEALTHCARE APPLICATION FOR RENTAL

APPLICANT INFORMATION						
LAST NAME	FIRST NAME	M.I.	SSN		DRIVER'S LICENSE	#
BIRTH DATE	HOME PHONE	WORK PHONE	EMAIL			
SPOUSE LAST NAME	FIRST NAME	M.I.	SSN		DRIVER'S LICENSE	#
BIRTH DATE	HOME PHONE	WORK PHONE	EMAIL			
CURRENT ADDRESS						
STREET ADDRESS		CITY	STATE		ZIP	
DATE IN	DATE OUT	LANDLORD NAME			LANDLORD PHONE	:
MONTHLY RENT	REASON FOR LEAVING					
PREVIOUS ADDRESS						
STREET ADDRESS		CITY	STATE		ZIP	
DATE IN	DATE OUT	LANDLORD NAME			LANDLORD PHONE	:
MONTHLY RENT	REASON FOR LEAVING					
VEHICLE INFORMATION	l					
1. Make & Model		Year		License N	lo. & State	
2. Make & Model		Year		License N	lo. & State	
Applicant(s) represents that all of the above statements are true and complete, and hereby authorizes verification of the above information, references and credit records. Applicant(s) acknowledges that false information contained herein constitutes grounds for rejection of the application if discovered before move-in. Applicant(s) acknowledges that management may not be able to complete comprehensive evaluation of this application before move-in. Management reserves the right to verify application information after move in and convert the proposed Lease/Rental Agreement to a month-to-month term if false or misleading information is contained in this application. Applicant agrees to terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owners.						
APPLICANT'S SIGNATURE				-	DATE _	
SPOUSE'S SIGNATURE				-	DATE _	
		OFFICE USI	ONLY			
APT. NO.	DEPOSIT		_	RENT		
APP DATE	. MI DATE		_	AGENT		
MANAGER'S SIGNATURE		APPROVED	DECLINED		DATE	
INIAINAGER S SIGNATURE				-	DAIE _	
EQUAL HOUSING OPPORTUNITY						REVISED 06/26/2019