

PROSPECTIVE LEASE INFORMATION

Please fill in all blanks or write "NA" (not applicable)

Unit of Interest: _____

Name: _____

Current Address: _____

Telephone Number: _____

Cell Phone Number: _____

E-Mail Address: _____ Date of Birth: _____

Drivers License Number: _____ Social Security Number: _____

EMPLOYMENT

Employer: _____

Position: _____ Length of Employment: _____

Work Address: _____

Work Telephone Number: _____

RESIDENTIAL INFORMATION

Current Landlord: _____

Telephone Number of Landlord: _____

Number of Months at current address: _____

Current monthly rent: _____

Pets: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Telephone Number: _____

You have my permission to contact persons listed above to verify this information.

Signed: _____ Date: _____

Return to: Debra M. Hughes, FAX: 1-949-218-8795

Cell: (817) 313-3991

dhughes4mdj@mac.com