UNIT_		

## **BOSE PROPERTIES STANDARD RENTAL APPLICATION**

ONLY CLEAN RESPONSIBLE PEOPLE WHO PAY RENT ON TIME NEED APPLY

NAME		D.O.E	3. / /	OTHER NAMES YOU'VI	E USED		
ADDRE				_	-		
HOM	ME PHONE #			SOCIAL SECURITY #			
DRI\	/ER'S LICENSE (STATE & NUMBER)						
	LL OTHERS WHO WILL OCCUPY PREMISES:						
	N. ATTENDING	VD	4 2 2 4	CDADUATE -			
SCHOO	DL ATTENDING	YR (circle):	1 2 3 4	GRADUATE			
DATE Y	OU WANT TO MOVE IN	(011010).	ANTICIPA	ATED LENGTH OF STAY			
	YER (COMPANY NAME)			-			
	PLOYER ADDRESS						
IMM	EDIATE SUPERVISOR			<del></del>			
JOB	DESCRIPTION			GROSS SALARY			
	VEHICLE DO YOU HAVE?						,
	TYPE VEHICLE (CAR, TRUCK) COLOR		YEAR	MODEL		LICENSE	PLATE
					_		
					_		
					_		
	ENCE HISTORY:						
1.	PRESENT ADDRESS				RENT <u>\$</u>		
	INCLUDES: [ ]GAS [ ]ELECTRIC						
	HOW LONG AT THIS ADDRESS?						
	PRESENT LANDLORD				NE #		
	LANDLORD ADDRESS						
	DATE MOVED IN			DATE MOVED OUT			
2.	PREVIOUS ADDRESS				RENT \$		
	INCLUDES: [ ] GAS [ ] ELECTRIC						
	HOW LONG AT THIS ADDRESS?						
	PRESENT LANDLORD			LANDLORD PHO	NE #		
	LANDLORD ADDRESS						
	DATE MOVED IN			DATE MOVED OUT			
3.	PREVIOUS ADDRESS				RENT \$		
	INCLUDES: [ ] GAS [ ] ELECTRIC	[ [HEAT					
	HOW LONG AT THIS ADDRESS?		_ REASO	ON FOR LEAVING			
	PRESENT LANDLORD			LANDLORD PHO	NE #		
	LANDLORD ADDRESS						
	DATE MOVED IN			DATE MOVED OUT			
	FREFERENCES & MONTHLY PAYMENTS: (INCLUDE	CREDIT CAR			•		
	CREDITOR NAME ACCT #		BALA	NCE PAYMENT	CREDIT	LIMIT	EXP DATE
	<del></del>						_
							_
							<del>-</del>
DANIC	DEFENDED. DO VOLLIAVE A LINE OF ODERIT OF			OLINTO	1 13 4170		_
RANK	REFERENCES: DO YOU HAVE A LINE OF CREDIT ON				LIMIT?		
	CHECKING ACCOUNT NO.						
	NAME OF BANK						
	SAVINGS ACCOUNT NO.			APPROX. BALANCE			

NAME OF BANK	BRANCH	

CHARACTER REFERENCES:	
1. NAME	ADDRESS
PHONE RELATIONS	
2. NAME	ADDRESS
PHONE RELATIONS	
RELATIVE OR PERSON TO CONTACT IN CASE OF EMERGENCY:	
1. NAME	ADDRESS
HOME PHONE WORK PHONE	RELATIONSHIP
2. NAME	ADDRESS
HOME PHONE WORK PHONE	
MONITORE	
IF YOU HAVE FINANCIAL DIFFICULTY IN THE FUTURE, WHO WILL BE ABLE	TO HELP YOU PAY YOUR RENT?
NAME	PHONE
NEAREST RELATIVE IN AREA: NA	
ME	
ADDDECC	DUONE
	PHONE
PARENTS: NAMES	
ADDRESS	PHONE
ATTORNEY: NAME	PHONE
COSIGNER (INCLUDE PHONE NUMBER)	
DO YOU RECEIVE SOCIAL SECURITY? \$ PE	RENTAL ASSISTANCE? \$
WELFARE? \$ CASE NUMBER	CASEWORKER
CASEWORKER PHONE	IS RENT ON VOUCHER?
HAVE YOU EVER NO PAID RENT WHEN DUE?	HAVE YOU EVER BEEN EVICTED?
HAVE YOU EVER HAD ANY JUDGMENT FOR NON-PAYMENT?	IF YES, EXPLAIN:
HOW WERE YOU REFERRED TO US? [ ] SAW SIGN [ ] NEV	VSPAPER AD [ ] FRIEND (NAME)
I DECLARE THE ABOVE APPLICATION INFORMATION TO BE TRUE AND	THAT OWNER/MANAGER MAY IMMEDIATELY TERMINATE ANY TENANCY
	INTERIOR DIVINION TO THE ARREST AND ARREST TO MAKE A RESIDENT
ACDEEMENT AND DENT THIS LINIT (IE ADDITIONALIS ADDDOVED) AND I	LICATION. BY SIGNING THIS APPLICATION I AGREE TO SIGN A RENTAL
	AGREE THAT IF I AM ACCEPTED BY THE LANDLORD AND I CHANGE MY
MIND AND DO NOT MOVE INTO THE PREMISES, THE SUM OF ONE M	AGREE THAT IF I AM ACCEPTED BY THE LANDLORD AND I CHANGE MY ONTH'S RENT WILL BE DUE AS LIQUIDATED DAMAGES SINCE OTHER
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Fax This Application Back To Our Confidential Fax Number 770-692-6593 or Email to AOHSFIRST@gmail.com and list which house or apartment you are applying for with this application. You may then call Mark at 770-480-0209 to make sure your application has been received. Thank you for you interest and support.