The Betsey Mills Club - Rental Application

Office Use Date received: \_\_\_\_\_\_\_\_

Approved Y N Date approved: \_\_\_\_\_\_\_

Room # \_\_\_ Move in Date: \_\_\_\_\_\_\_\_

Move out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 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? |
| Have you lived here before? Y N | Date:  | Did you leave on good terms?  |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Emergency Contact |
| Name: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Relationship: |
| Financial Information:  |
| Source of Income:  |
| Monthly Income | How long? | Phone: |
| Do you have a payee? Yes \_\_\_ No \_\_\_\_  | If yes Name of Payee: |
| Payee Address:  | City: | State: |
| ZIP Code: | Phone Number:  | How long? |
| **Medical Information** |
| Do you have any disabilities? Yes \_\_\_ No \_\_\_ | List all Disabilities: |  |
|  |  |  |
| List all Allergies: |
| List all medical/mobility/mental health conditions that affect you currently or in the past 5 years?  |
|  |
| Legal History |
| Have you been arrested or convicted of a crime? Yes \_\_\_ No \_\_\_ If yes provide details below |
|   | Date:  | City: | State:  |
|  | Date:  | City: | State:  |
|  | Date:  | City: | State:  |
| References |
| Name:  | Address: | Phone: |
| Name:  | Address: | Phone: |
| Name:  | Address: | Phone: |
| I authorize the verification of the information provided on this form as to my legal, medical, credit and employment.  |
| Signature of applicant: | Date: |