

APPLICATION

APARTMENT APPLYING FOR		Date:
Building:	Apartment:	Rent: \$
Lease Start Date:	Lease Term:	
Agent Name:		-
RENTAL APPLICATION		
Name:	Social Security:	
Cell Number:	DOB:	
Email:		
Current Address:		
Length of time at Address:	Rent	Paid \$:
Landlord:	Have You Ever Be	en Evicted:
Current Employer:		
Occupation:	Work Tel:	
Company Address:		
Salary:	Employed Since: _	
Personal Reference Name:	Tel: _	
Personal Reference Name 2:	Tel: _	
FINANCIAL INFORMATION		
Bank Name:	Address:	
Checking Account #:	Savings Account #: _	
I hereby confirm that the above informatio	on is true and verifiable and	I am responsible for its contents.
I authorize the named below to obtain a cr Real Estate Investors Association LLC for		and or eviction check, on me, through US
Applicant Signature:	Date: _	

Office: (917) 535-9057 Email: David@Genikgroup.com