

SUMMIT PROPERTIES GROUP

APPLICATION TO RENT

Individual applications required from each occupant 18 years of age or older.
(all sections must be completed)

Last Name		First Name		Middle Name		Social Security Number	
Other Names Used in the Last 10 Years						Work Phone Number ()	
Date of Birth		Driver's License Number		Expiration	State	Home Phone Number ()	
Present Address				City		State	Zip Code
Date In		Date Out		Owner/Mgr. Name		Owner/Mgr. Phone Number ()	
Reason for Moving							
Previous Address				City		State	Zip Code
Date In		Date Out		Owner/Mgr. Name		Owner/Mgr. Phone Number ()	
Reason for Moving							
Previous Address				City		State	Zip Code
Date In		Date Out		Owner/Mgr. Name		Owner/Mgr. Phone Number ()	
Reason for Moving							

Occupants Including Applicant	Name	Date of Birth

Present Occupation			Employer Name		
Employer Address			City State Zip Code		
Employment Dates From: To:			Employer Phone Number ()		
Prior Occupation			Employer Name		
Employer Address			City State Zip Code		
Employment Dates From: To:			Employer Phone Number ()		

Current Gross Income	Per	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Check one	Other income:
\$				\$

Will you have pets? Describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you have liquid filled furniture? Describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
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