MOUNTAIN VIEW TERRACE

_____ 20____

APPLICATION FOR LEASE OF APARTMENT

BU	LDING_		_ APARTMENT	NO. ROC	OMS	TERM OF LEAS	SE	
FR	ОМ	TO	RENT \$	SECURIT	ΓΥ	# ADULTS	#CHILDREN_	
•	Applicant	t's Name (w	ith middile initial)	_		DOB	SS #	
	Current A	Address		City & State		Zip	_	
	Home Phone#			E-Mail	_ E-Mail		Cell Phone	
•	Current l	Landlord	Address	C	ity & State	Zip	Phone	
•	Previous	Address			City & Sta	ate	Zi p	
	Business/	Employer (1	Firm Name)				Phone	
	Address Length of Employment							
	Position _		Type of Business					
	Income _	ome Additional sources of income						
a.	Previous	Employer_	Length of Employment Phone					
•	Business	Reference (To verify employmen	it): Name				
	Address			City & State		Zip Phone		
	Reason fo	or Moving						
3.	How Did	How Did You Hear About Us?Did anyone at Mt View refer you?						
	Vehicle(s)): Year	Make	Model	Color	Plate # & S	tate	
		Year	Make	Model	Color	Plate # & S	tate	
9.	In case of	emergency	notify				Relationship	
	Address _						Phone	
	If app Neith occup with	authorize M plication is a er the landl pant to vaca an allowanc	ord nor agent assum te at termination of l	ord, deposit will be not responsibility to the ease, or for any other mount of the rent, n	returned, less \$5 te applicant for r reason, except nultiplied by the	50 Application/Prodelay in giving post that the applicant actual number of	ng service. ocessing fee per application. ssession, due to failure of present t will be credited by the landlor days for which possession can	

SORRY, NO PETS, NO SMOKERS AND NO EXCEPTIONS

Applicant's Signature