MOUNTAIN VIEW TERRACE

_____ 20____

APPLICATION FOR LEASE OF APARTMENT

BUI	LDING_		_ APARTMENT	NO. ROOMS	S	TERM OF LEASE	
FRO	OM	TO	RENT \$	SECURITY _		# ADULTS	#CHILDREN
1.	Applican	t's Name (w	rith middle initial)			DOB	SS#
2.	Current A	Address		_ City & State		Zip	
]	Home Phone#		_ E-Mail		Cell Phone		
3.	Current 1	Landlord	Address _	City	& State	Zip	Phone
4.]	Previous	Address	City &		_ City & Sta	nte	Zip
5.]	Business/	Employer (1	Firm Name)				Phone
	Address Length of Employment						
]	Position Type of Business						
	Income Additional sources of income						
5a.	Previous	ious Employer Length of Employment Phone					
6.]	Business Reference (To verify employment): Name						
	Address _			City & State		Zip	Phone
7. :	Reason fo	or Moving					
8.]	How Did You Hear About Us?			Did anyone a	Did anyone at Mt View refer you?		
,	Vehicle(s): Year	Make	Model	_ Color	Plate # & State	e
		Year	Make	Model	_ Color	Plate # & Stat	e
9.]	In case of	emergency	notify				Relationship
	Address _						Phone
	Education						
• I.	If ap appli	plication is a cation is acc	not accepted by landlo cepted by landlord, an	, <u>-</u>	rned, less \$2) is kept by l	0 Application/Proces	rting service. ssing fee per application. If d damages if applicant fails to
II.	Neith occup with	er the landl pant to vaca an allowanc	lord nor agent assume ate at termination of leace we equal to the daily an	responsibility to the apase, or for any other re	pplicant for o ason, except iplied by the	that the applicant w actual number of da	ssion, due to failure of present ill be credited by the landlord ys for which possession canno

SORRY, NO SMOKERS, SOME PETS ALLOWED-See management for details!

Applicant's Signature