LE'SGATE PROPERTY MANAGEMENT

RENTAL APPLICATION					
	APPLICA	NT INFO	RMATION		
Property Interested:			Rent:	Move	in Date:
Last Name:		First Name:			
Date of birth:	SSN:			Driver License:	
Present address:					
City:	State:			Zip Code:	
Cell Phone:	Home Phone:			Work Phone:	
ADDITIONAL INFORMATION					
Number of Occupants:	Total Income:			Pets:	
Present/ Past Landlord:				Phone:	
Reason for Leaving:				How long?	
Credit Score:	Vehicle Model:			Vehicle Color:	
Present Employer:				Phone:	
Position:	How Long?			Salary:	
CO-APPLICANT					
Last Name: First Name:					
Date of birth:	SSN:			Driver License:	
Present address:					
City:	State:			ZIP Code:	
Cell Phone:	Home Phone:			Work Phone:	
Credit Score:	Vehicle Model:			Vehicle Color:	
Present Employer:				Phone:	
Position:	How Long?			Salary:	
OTHER OCCUPANTS					
Names	Contact Number		Ages		
Have you ever filed a petition of bankru	iptcy?	Have	you ever been ev	victed from an	y tenancy?
Applicant(s) declares the above informa and/or his authorized agents to verify the Applicant(s) understand that the landlor made above.	he above info	ormation	including obtaini	ng a credit re	port on themselves.
Applicant Signature:					Date
Co-applicant Signature:					Date