

Albers Mill Lofts
RENTAL/LEASE APPLICATION

UNIT INFORMATION (TO BE FILLED OUT BY AGENT)

Unit #:	Rental \$:	Special:
Desired move in date:	Parking: Y N (please circle)	Desired lease length:

APPLICANT INFORMATION

Name: _____

Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer: _____

Employer address:	How long?
Phone:	E-mail:
Fax:	
City:	State:
ZIP Code:	
Position:	Hourly Salary (Please circle)
Monthly income:	
Previous employer: _____	
Address:	
How long?	
Phone:	E-mail:
Fax:	
City:	State:
ZIP Code:	
Position:	Hourly Salary (Please circle)
Monthly income:	

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name: _____

Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer: _____

Employer address:	How long?
Phone:	E-mail:
Fax:	
City:	State:
ZIP Code:	
Position:	Hourly Salary (Please circle)
Monthly income:	
Previous employer: _____	
Address:	
How long?	
Phone:	E-mail:
Fax:	
City:	State:
ZIP Code:	
Position:	Hourly Salary (Please circle)
Monthly income:	

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EMERGENCY CONTACT

Name/ Relationship:		
Address:		Phone:
City:	State:	ZIP Code:

AUTO INFORMATION

Make	Model	License plate	State

CREDIT CARDS, LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month

I authorize Albers Mill Associates, LLC. to verify the information provided on this form as to my credit, rental and employment history.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date