

RENTAL APPLICATION |

To ensure a prompt response to this application, please neatly complete *all* information below. All applicants over the age of 18 must *complete* and *sign* their own application.

Personal Information

Applicants Full Name | _____ Phone # | _____
DOB | _____ Social Security # | _____ Driver's License # | _____
State | _____ Exp. Date | _____

Previous Landlords

Current Address | _____
City | _____ State | _____ Zip Code | _____
Current Landlord | _____ How Long at this Address | _____
Reason(s) for Leaving | _____

Previous Address | _____
City | _____ State | _____ Zip Code | _____
Previous Landlord | _____ How Long at this Address | _____
Reason(s) for Leaving | _____

Automobile

Auto Year | _____ Make | _____ Model | _____
State / License Plate # | _____



Current Employment

Present Employer | _____ Position | _____

Mo. Income | _____ Phone # | _____ How Long at Job | _____

Other Income Sources | _____

Employer's Address | _____

City | _____ State | _____ Zip Code | _____

Household Animal(s)

Number & Type of Pets | _____

Previous Eviction

Have you ever been party to an Eviction? [] Yes [] No

Banking Account(s)

Name of Bank | _____ Branch | _____

Account Type | _____

Name of Bank | _____ Branch | _____

Account Type | _____

Personal References

Name | _____ Years Known | _____

Relationship | _____ Phone # | _____

Name | _____ Years Known | _____

Relationship | _____ Phone # | _____



Personal References cont.

Name | _____ Years Known | _____

Relationship | _____ Phone # | _____

List of Occupants

Total Number of Adults | _____ Total Number of Children Under Age 18 | _____

Names and Relations of All Other Applicants | _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision. I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above. I authorize Cozzi Enterprises to obtain my consumer credit and public records and to investigate any personal information on me necessary to arrive at the applicant decision.

Signature | _____ Date | _____

Please return completed application(s) to | Cozzi Enterprises, PO Box 119, Oakdale, PA 15071

