

<b>First Name</b>		Requested Move in Date	
Last Name		Date of Birth	SS#
Phone		<b>Studio, 1, or 2 Bedroom ?</b>	Alternate Phone
Current Address		City	State/Zip
Current Landlord Name		Landlord Phone	Length of Time
Reason for Leaving			
Previous Address		City	State/Zip
Previous Landlord Name		Landlord Phone	Length of Time
Reason for Leaving			
PROPOSED OCCUPANT(S) Name	Age	Relationship	Occupation
Name	Age	Relationship	Occupation
Name	Age	Relationship	Occupation
Name	Age	Relationship	Occupation
Name	Age	Relationship	Occupation
PROPOSED PET(S) Name	Age	Cat/Dog	Breed
Name	Age	Cat/Dog	Breed
Name	Age	Cat/Dog	Breed
Employer	Occupation		Supervisor
Phone Number	Years Employed		Monthly Income
Address	City		State/Zip
Previous Employer	Occupation		Supervisor
Phone Number	Years Employed		Monthly Income
Address	City		State/Zip
Other Income	Source		Monthly Income
Other Income	Source		Monthly Income
Emergency Contact	City		State/Zip
Address	Phone		Relationship
Personal Reference	City		State/Zip
Address	Phone		Relationship
Personal Reference	City		State/Zip
Address	Phone		Relationship
Personal Reference	City		State/Zip
Address	Phone		Relationship
Has applicant ever been sued for bills? ( ) yes ( ) no	Has applicant ever been locked out of their apartment by authorities? ( ) yes ( ) no		
Has applicant ever been guilty of a felony? ( ) yes ( ) no	Has applicant ever been brought to court by another landlord? ( ) yes ( ) no		
Has applicant ever been bankrupt? ( ) yes ( ) no	Has applicant ever moved owing rent? ( ) yes ( ) no		
Has applicant ever broken a lease? ( ) yes ( ) no	Has applicant ever moved leaving a damaged apartment? ( ) yes ( ) no		
Applicant authorizes Winn Properties/CLI Enterprises to contact past and present landlords, employers, creditors, credit bureaus, neighbors, emergency contact references, personal references and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Winn Properties/ CLI Enterprises reserve the right to disqualify applicant if information is misrepresented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FOR AT ANY TIME.			
_____		_____	_____
APPLICANT SIGNATURE		DATE	SOCIAL SECURITY NUMBER

Landlord notes