

GUARANTOR INFORMATION

Name: First Middle Last Suffix

Current Street Address

City, ST Zip

Phone Number:

WORK INFORMATION

Present Employer

Address

City, State Zip

Phone Number:

Gross Monthly Income

Other Additional Monthly Income

VEHICLE INFORMATION (*List all vehicles to be parked by you (including cars, trucks, motorcycles, etc.)*)

Color, make and model: Year: License #: State:

Color, make and model: Year: License #: State:

EMERGENCY CONTACT INFORMATION

First Middle Last

Home Phone

Current Street Address

Work Phone

City, ST Zip

Relationship

Important medical information in case of emergency:

E-mail Address:

Local doctor name and phone number:

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person: we may allow the above person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not obligated to do so.

FOR OFFICE USE ONLY

1. Apartment name or dwelling address (street, city): Unit # or type:

2. Person accepting application: Phone: ()

3. Person processing application: Phone: ()

4. Date that applicant or co-applicant was notified by telephone, letter or in person of acceptance or non-acceptance:

5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

6. Name of owner's representative who notified above person(s):