

# Memorial Presbyterian Church Rental House Application

## Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: <span style="float: right;">How long?</span>
Previous address:			Landlord:
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: <span style="float: right;">Utilities incl.? Y N</span> <span style="float: right;">How long?</span>

## Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly	Salary (Please circle) <span style="float: right;">Annual income:</span>

## Emergency Contact

Name of a person not residing with you:			
Address:			
City:		State:	ZIP Code: <span style="float: right;">Phone:</span>
Relationship:			

## Co-applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: <span style="float: right;">How long?</span>
Previous address:			Landlord:
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: <span style="float: right;">Utilities Incl.? Y N</span> <span style="float: right;">How long?</span>

## Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly	Salary (Please circle) <span style="float: right;">Annual income:</span>

## References (at least 2 previous landlords, if applicable)

Name:		Address:		Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. Signing of this form indicates my permission to undergo credit/employment/criminal background checks.

Signature of applicant:			Date:
Signature of co-applicant:			Date: