

WARREN PROPERTIES, INC.
RESIDENT CREDIT APPLICATION

LOCATION: _____ APARTMENT NO. _____

NOTE: A separate credit application must be completed by each adult who will reside in the apartment. This form must be completed in full and approved prior to the Manager accepting deposits or rent.

FULL NAME: _____ SOCIAL SECURITY # _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED

DATE OF BIRTH: _____

HAVE YOU EVER LIVED AT A WARREN PROPERTIES: IF YES, WHERE _____ DATE OF MOVE-OUT: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

PERMANENT MAILING ADDRESS: _____

Street/P.O. Box _____

City _____ State _____ Zip Code _____

() _____

Telephone and/or Cell Number _____ How Long? _____

EMPLOYER:

Company _____ Supervisor _____

Street _____ Monthly Income: \$ _____

City _____ State _____ Zip Code _____

() _____

Telephone Number _____ How Long? _____

AUTOMOBILE:

Year _____ Make _____ License Plate # _____ State _____

DRIVER'S LICENSE:

For Office Use Only
DL Verified _____

Number _____ Expiration Date _____ State _____

CREDIT CARD:

For Office Use Only
CC Verified _____

Type of Card _____ Number _____ Expiration Date _____

NEAREST RELATIVE/FRIEND

NOT LIVING WITH YOU:

Name _____ Relationship _____

Street _____

City _____ State _____ Zip Code _____ Telephone Number _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE ONLY)

- | | | | |
|-----------|-----------------------|---------------------|------------------|
| TV | TENANT REFERRAL | APARTMENT GUIDE | WALK-IN/DRIVE BY |
| BROCHURE | BUILDING BANNER/SIGNS | GREEN SHEETS | MAGAZINE |
| NEWSPAPER | RENTAL GUIDE | TELEPHONE DIRECTORY | WEBSITE |

I HEREBY AUTHORIZE WARREN PROPERTIES INC. TO OBTAIN AND VERIFY CONSUMER INFORMATION, CRIMINAL HISTORY, PAYMENT HISTORY, OCCUPANCY HISTORY AND ALL OTHER INFORMATION CONTAINED IN THIS APPLICATION.

SIGNATURE (REQUIRED): _____ DATE _____

FOR OFFICE USE ONLY			
Date of Approval _____	Date of Disapproval _____	Move In Date _____	Safesrent Transaction #: _____
Manager's Signature _____	Date _____	Area Supervisor's Signature _____	Date _____