



APPLICANT INFORMATION			
First Name:		Middle:	Last:
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Owned (Y/N)	Rented (Y/N)	Monthly payment or rent:	How long?
Previous address:			
City:	State:	ZIP Code:	
Owned (Y/N)	Rented (Y/N)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Supervisor Name:	
City:	State:	ZIP Code:	
Position:	Monthly Income:	Status: Full-Time (Y/N) Part-Time (Y/N)	
Other Sources of Income:			Monthly Amount:
FOR MILITARY APPLICANTS ONLY:	Rank:	Unit:	
EMERGENCY CONTACT			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
OTHER INFORMATION (If you have checked yes, please explain on the back of this application)			
Filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO		Two or more late rental payments in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sued for Unlawful Detainer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Convicted of a Felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERENCES (Former Landlord or Supervisor)			
Name:	Relationship:	Phone	Email/Fax:
I authorize Mayton Transfer Lofts to investigate my credit qualifications and hereby release, in any manner all of the information obtained by you. I further release all persons, agencies or firms from any liabilities resulting from providing such information. I declare under penalty of perjury that the information listed in this application is true & correct.			
Signature of applicant:			Date:
The undersigned authorizes landlord, leasing agent & representatives of owner/landlord to contact the undersigned's current or previous landlord, and current employer, and further, by a copy of this Application, authorizes any said landlord or employer to release pertinent residential & employment history information to be used in evaluating my lease application. I further authorize owner/landlord to apply for an investigative or credit report in connection with this application. I understand that said investigation or credit report may contain information obtained from various state governmental & private entities to the undersigned's number of children, employment, occupation, general health, financial and criminal history information.			

FOR OFFICE USE ONLY:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Security Deposit: \$ _____	Date: _____
			Initialed: _____