



REMIER PLACE

First Name	Initial	Last Name	DOB	Social Security #
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First Name	Initial	Last Name	DOB	Social Security #
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Present Address	City	Zip	Phone	How Long
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Previous Address	City	Zip	Phone	How Long
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Name and Address of Present Landlord	Phone
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Employed By	City	Position	Salary	How Long
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Former Employer	City	Position	Salary	How Long
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Co-Applicant Employed By	City	Position	Salary	How Long
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Former Employer	City	Position	Salary	How Long
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**PLEASE FURNISH NAME AND ADDRESS OF BUSINESS
WITH WHOM YOU HAVE HAD CREDIT DEALINGS**

Name	Address
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Name	Address
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Name	Address
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Bank	Branch
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Type of Condominium Wanted: [1 Bedroom] [2 Bedroom] [3 Bedroom]

LIST OF PERSON WHO WILL OCCUPY YOUR CONDO OTHER THAN YOURSELF

Name	Age	Relationship
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Name	Age	Relationship
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Name Age Relationship

NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY

Name City State Phone

Relationship

Date _____/Time _____ - (I (We) certify that the preceding information is accurate and complete. I
(We) authorize Central States to make a thorough credit investigation.

Applicant's Signature

Applicant's Signature

Condominium Assigned

Rental Rate

Security Deposit

**APPLICANT UNDERSTANDS THAT THE RENT DEPOSIT GIVEN WITH THIS APPLICATION IS REFUNDABLE
ONLY IF THIS APPLICATION IS REJECTED AND FOR NO OTHER REASONS.**