



Exceptional Management
Impeccable Reputation

CONDOMINIUM LEASE APPLICATION

Today's Date: _____
Applicant's Last Name(s): _____
Unit #: _____

GENERAL INFORMATION

Building Name _____ **Length of Lease** _____ **Unit #** _____
Building Address _____ **Lease Start Date** _____
Monthly Rent _____ **Lease End Date** _____
Annual Rent _____ **Security Deposit** _____

OWNER'S INFORMATION

Owner's Name(s) _____ **Home Phone** _____
Current Address _____ **Cell Phone** _____
_____ **Email Address** _____

APPLICANT'S INFORMATION

	Applicant	Co-Applicant
Name	_____	_____
Email Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Current Address	_____	_____
	_____	_____
Time at Address	From _____ to _____	From _____ to _____
Own or Rent?	Own Rent Live at Home Other	Own Rent Live at Home Other
Landlord/Agent	_____	_____
Address	_____	_____

EMPLOYMENT INFORMATION

	Full-Time Retired	Part-Time Student	Self Employed Unemployed		Full-Time Retired	Part-Time Student	Self Employed Unemployed
Employment Status							
Profession	_____	_____	_____		_____	_____	_____
Current Employer	_____	_____	_____		_____	_____	_____
Empl. Address	_____	_____	_____		_____	_____	_____
City/State/Zip	_____	_____	_____		_____	_____	_____
Employment Dates	From _____ to _____				From _____ to _____		
Supervisor's Name	_____	_____	_____		_____	_____	_____
Supervisor's Phone	_____	_____	_____		_____	_____	_____
Annual Base Salary	_____	_____	_____		_____	_____	_____
Prior Employer	_____	_____	_____		_____	_____	_____
Empl. Address	_____	_____	_____		_____	_____	_____
City/State/Zip	_____	_____	_____		_____	_____	_____
Employment Dates	From _____ to _____				From _____ to _____		