

## APPLICATION FOR RENTAL

PROPOSED PROPERTY INFORMATION					
PROPERTY ADDRESS 321	WESTCOTT S	TREET	AF	PARTMENT NUMBER	1
APPLICANT INFORMA					
LAST NAME	FIRST NAME	SSN or PASPORT#		DRIVER'S LICENSE #	STATE ISSUED
PANDEY	SHIVAM	Z3616	772 EMAIL		
18/09/1997	HOME PHONE	(+91) 7977 151792	shivam.	pandey. 16001	@;;tgoa.ac.in
PARENTS INFORMATI				PHONE	
MOTHER'S NAME PRATIBHA PANI	ADDRESS 1A/12 HA	ALAJTARU RIVERSIDE, TAL	TRA, PANVI	EL 9893	1216302
FATHERS NAME	2 ADDRESS		DE, TAKKA,	PHONE 982	0686834
CAPT. SANTOSH	MUC) INTIL.	KALIA (IAC) TATELLE		•	
CURRENT ADDRESS					
STREET ADDRESS	C and Cur Car	CITY NOW MULICIAN	STATE MAUARAS	SHTRA HIC	206
1A/112, KALPATARU	DATE OUT.	LANDLORD NAME	1-11/1/1/1/1/		ORD PHONE
DATE IN N/A	DATE OUT A	NIA		( )	N/A
MONTHLY RENT		INTERNSHIP (45 C	DAYS) AT	SURACUSE 1	INIVERSITY
s NA		TANEKIASUTI (48 F	71193/ 11 (	1010012	) ( ) ( )
STUDENT INFORMATION					
MHAT COLLEGE DO YOU ATTEND INDIAN INSTITUTE O	F TECHNOLOGY GOA	CURRENT YEAR OR STATUS	RD YEAR	STUDENT (3	YRS COMPLETED)
BEGIN DATE	END DATE	STUDENT ID#			
I the undersigned, authorize University Hill Apartments, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history and landlord/tenant court record search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential.					
NOTE: Please provide a copy of Driver's License or Passport with this application.					
SIGNATURE	My	-	DAT	TE 16/05/2	019
	3.//				