

Your Name Here



Applicant Information		
Name: <input type="text"/>	Enter the property you're interested in: <input type="text"/>	
Date of birth: <input type="text"/>	Email: <input type="text"/>	Phone: <input type="text"/>
Current address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
<input type="radio"/> Own <input type="radio"/> Rent	Monthly payment or rent: <input type="text"/>	How long? <input type="text"/>
Previous address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
<input type="radio"/> Owned <input type="radio"/> Rented	Monthly payment or rent: <input type="text"/>	How long? <input type="text"/>
Employment Information		
Current employer: <input type="text"/>		
Employer address: <input type="text"/>		How long? <input type="text"/>
Phone: <input type="text"/>	E-mail: <input type="text"/>	Fax: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
Position: <input type="text"/>	<input type="radio"/> Hourly <input type="radio"/> Salary	Annual income: <input type="text"/>
Emergency Contact		
Name of a person not residing with you: <input type="text"/>		Phone: <input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
Relationship: <input type="text"/>		
Co-applicant Information, if Married		
Name: <input type="text"/>		
Date of birth: <input type="text"/>	Email: <input type="text"/>	Phone: <input type="text"/>
Current address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
<input type="radio"/> Own <input type="radio"/> Rent	Monthly payment or rent: <input type="text"/>	How long? <input type="text"/>
Previous address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
<input type="radio"/> Owned <input type="radio"/> Rented	Monthly payment or rent: <input type="text"/>	How long? <input type="text"/>
Co-applicant Employment Information		
Current employer: <input type="text"/>		
Employer address: <input type="text"/>		How long? <input type="text"/>
Phone: <input type="text"/>	E-mail: <input type="text"/>	Fax: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
Position: <input type="text"/>	<input type="radio"/> Hourly <input type="radio"/> Salary	Annual income: <input type="text"/>
References		
Name:	Address:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

By clicking the Submit Application button I authorize the verification of the information provided on this form.