Venetia Villas Condominium

RESIDENTIAL APPLICATION APT# _____

APPLICANT INFORMATION			
Name:	DOB:	SS: XXX-XX-	Phone:
Current Address :			
Monthly Rent :	How Long:	Owner's Phone:	
Previous Address:			
Monthly Rent:	How Long:	Owner's Phone:	
Current Employer:		Phone:	
Employer Address:			
Position:	How Long:	Monthly Salary:	
Email:			
CO-APPLICANT INFORMATION			
Name:	DOB:	SS: XXX-XX-	Phone:
Current Address:			
Monthly Rent:	How Long:	Owner's Phone:	
Current Employer:		Phone:	
Employer Address:			
Position:	How Long:	Monthly Salary:	
Email:			
***IF MORE CO-APPLICANTS OVER 18 YEARS OF AGE WILL RESIDE ON THE PREMISES PLEASE ENTER NAMES, DOB AND LAST FOUR #'S OF THE SS # ON THE REVERSE OF THIS PAGE. ***PLEASE PROVIDE A POLICE REPORT FOR ALL ADULTS RESIDING ON THE PREMISES A COPY OF A PICTURE ID FOR EVERY RESIDENT.			
EMERGENCY CONTACT			
Name:		Phone:	
Address:			
Relationship to Applicant:			
THREE REFERENCES			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
AUTHORIZATION TO VERIFY INFORMATION SUPPLIED			
Signature of Applicant:		Date:	
Signature of Co-Applicant:		Date:	