

Lancaster Apartments

Application Bldg. 112 East Chalmers Street Apt. # _____ Date _____

Name of Applicant _____

Date of Birth _____ S.S# _____ Cell # _____

Current Address _____ Zip _____

Current Phone Number _____ Cell Number _____ Total Number of Occupants _____

Name of Current Landlord _____ Phone Number _____

How Long Have You Resided at This Address _____ Current Rent _____

Address Prior to Current Address _____

Name of Parents _____ Address of Parents _____

City _____ State _____ Zip Code _____ Phone _____

Email of Parents _____

Name and Address of Your Current Employer _____

_____ Phone# _____

Your Current Salary _____

Credit Card _____

(Name, Address, City, & State)

Bank Name _____

(Name, Address, City, & State)

Have You Ever Been Evicted or Had Payment Problems _____

If Yes, Please Explain _____

In Case Of Emergency Notify _____

Phone Number _____ Do You Have a Pet _____

Do You Have a Water Bed? _____ Where Did You Hear of Lancaster Apartments _____

Driver's License Number _____ E-Mail _____

I hereby agree that if any information herein contained is false, the Lease made on the strength of this application, may, at the option of the Owner and/or Agent, be terminated at any time. This application is taken subject to approval of Owner and/or Agent. I authorize Lancaster Apartments to run any credit or previous landlord check that they deem necessary.

SIGNATURE OF APPLICANT

PRINT NAME OF APPLICANT