

## RESIDENTIAL APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.

Applicants full name	Phone #				
DOB	Email Address				
Social Security #	Drivers License #		State	Exp	
Current Address		City	State	Zip	
Current Landlord Name/Mor	rtgage Company				
Landlords Phone #	Mon	Monthly Rent/Mortgage			
How long at this address	Reason for leaving	Reason for leaving			
Previous Address(If less than 3 years at current of	ıddress)	_City	State	Zip	
Previous Landlords Name/M	lortgage Company				
Landlords Phone #	Monthly Rent/Mortgage				
How long at this address	Reason for leaving				
Auto YrMake	ModelState/License Plate #				
Present Employer	Po	Position Mo. Income *			
Phone #	How long at job	_Other income/so	ource		
Employers Address		Cit	y	State	
Have you ever been party to	an eviction? [ ] Yes [ ] No				
Total number of adults	Total number of ch	ildren living with	you under the age of	18	
Total number of pets	Type				
Emergency Contact Name	ergency Contact Name Phone #				
I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for screening as may be necessary in arriving at a decision; I understand that DTM Property Management may terminate any agreement entered into for any misrepresentations made above.  I authorize DTM Property Management to obtain my consumer credit report and public records and to investigate any personal information on me necessary to arrive at an applicant decision.					
Signature			Date		