



RENTAL APPLICATION

Please fill out this form completely. You may send it back by fax, email, or mail.

**Fax: (304) 308-6958 Email: usamwv@gmail.com
Address: 507 Beechurst Ave. Morgantown, WV 26505**

Property Applying For: _____
Requested Move-In Date: _____ Expected Lease Length: _____

Last Name: _____ First: _____ Middle: _____
SSN: _____ Driver License: _____
Date of Birth: _____ Phone #: () _____
Email: _____

Current Address: _____
Landlord: _____ Phone # () _____
How long? From: _____ To: _____ Current Payment: _____
Reason for Leaving: _____

Current Employment: _____
Address: _____
Phone # () _____ How long? From: _____ To: _____
Income: _____ per Week Month Year

Do you have pets? Yes No If yes, type/weight? _____
Ever been evicted? Yes No If yes, explain _____
Convicted of a felony? Yes No If yes, explain _____

Emergency contact:
Name: _____ Address: _____
Relationship: _____ Phone Number: () _____

I certify that the information given herein is complete and correct. The Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employers, creditors and landlords, and to procure such other information (including credit reports) which the Landlord may require to evaluate this application at the time application is submitted and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of application, or Management may immediately terminate any tenancy entered into in reliance upon misinformation given on the application.

Signature: _____ Date: _____