

AMERICANA APARTMENTS, LLC

RENTALS SALES MANAGEMENT

TENANT INFORMATION SHEET

TENANT NAME _____

SOCIAL SECURITY # _____

HOME PHONE # _____

E-MAIL ADDRESS _____

ADDRESS (INCLUDE ZIP) _____

PRESENT EMPLOYER _____

TELEPHONE _____

ADDRESS _____

OCCUPATION _____

GROSS SALARY _____ LENGTH OF EMPLOYMENT _____

OCCUPANTS IN APARTMENT _____

IN CASE OF EMERGENCY PLEASE NOTIFY _____

This application is submitted subject to clearance with the Credit Bureau and/or a satisfactory report on references listed by the applicant. Once rejected, the application will not be reconsidered.

*** The rental agent does not have the authority to make any commitments on the part of the owner. ***

Deposit returned if this application is declined by the management company or if cancelled within one (1) business day from the application date. Cancellation of the application by the applicant after one (1) business day is subject to forfeit deposit

SIGNATURE OF TENANT

X _____

Phone: (781)844-9652
Fax: (781)938-0805
email: paulj_jamieson@hotmail.com