

Cass Property Management, LLC.

CREDIT APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City, State:	Zip Code:	E-mail:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Driver License #:	Expiration Date:	Pets:

EMPLOYMENT INFORMATION

Current employer & Position:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City, State:	Zip Code:	Annual Income:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City, State:	Zip Code:	E-mail:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Driver License #:	Expiration Date:	Pets:

EMPLOYMENT INFORMATION

Current employer & Position:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City, State:	Zip Code:	Annual Income:

APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:		
Address:		Phone:
City, State:	Zip Code:	Relationship

OCCUPANT LIST

Name	Date of Birth	Gender	Relationship

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Landlord and or Management Company.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date