

RENTAL APPLICATION AND AUTHORIZATION TO REVIEW CREDIT

THE PURPOSE OF THIS APPLICATION IS TO REVIEW THE PEOPLE DESIRING TO RENT A DWELLING. SIGNING THIS DOCUMENT GIVES THE FUTURE LANDLORD AUTHORITY TO REQUEST THE CREDIT BACKGROUND ON THE APPLICANT.

NAME 1: \_\_\_\_\_

NAME 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER:

NAME 1: CELL \_\_\_\_\_ HOME \_\_\_\_\_

NAME 2: CELL \_\_\_\_\_ HOME \_\_\_\_\_

DATE OF BIRTH: NAME 1: \_\_\_\_\_

NAME 2: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON NOT LIVING AT RESIDENCE:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

SOCIAL SECURITY NUMBER: NAME 1: \_\_\_\_\_

NAME 2: \_\_\_\_\_

DRIVERS LICENSE NUMBER/STATE: NAME 1: \_\_\_\_\_

DRIVERS LICENSE NUMBER/STATE: NAME 2: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE: \_\_\_\_\_

APPLICATION FEE IS 75 PER PERSON

CREDIT CARD BILLING ADDRESS

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXP DATE \_\_\_\_\_ CVC CODE \_\_\_\_\_ ZIP CODE BILL SENT TO \_\_\_\_\_

SEND INFORMATION TO: RENTING CT - 110 COURT STREET, SUITE 1, CROMWELL, CT 06416

FAX: 860 394 4001 - EMAIL: [PAT@PREMIERBUILDING.ORG](mailto:PAT@PREMIERBUILDING.ORG) - PHONE: 860-982-1648