

# HARRISON PROPERTIES LTD

1715 Delaware Ave., 2<sup>nd</sup> Floor, Wilmington, DE 19806

Phone (302) 888-2650 Fax (302) 888-0124

## RENTAL APPLICATION

Property applied for: \_\_\_\_\_ Rent: \_\_\_\_\_ Desired Move-in Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Number of occupants in household, other than Lessee: \_\_\_\_\_ Ages: \_\_\_\_\_

Does anyone smoke? \_\_\_\_\_ Have any pets? \_\_\_\_\_ If so, type and #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current landlord: \_\_\_\_\_ Landlord's phone #: \_\_\_\_\_

Current rent: \_\_\_\_\_ Utilities paid by you: \_\_\_\_\_

Dates at this address: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Employment dates: \_\_\_\_\_

(Choose One) Gross Annual Salary: \_\_\_\_\_ Monthly: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

Have you ever been (Y or N): Sued for nonpayment of rent? \_\_\_\_\_ Convicted of a crime? \_\_\_\_\_

Evicted or asked to move out? \_\_\_\_\_ Declared bankruptcy? \_\_\_\_\_ If yes, please provide

additional information to questions above: \_\_\_\_\_

If required, do you have a parent or relative to co- sign? \_\_\_\_\_

**I DECLARE THAT ALL INFORMATION ABOVE IS CORRECT. I AUTHORIZE HARRISON PROPERTIES LTD. TO VERIFY ALL INFORMATION SUPPLIED ON THIS APPLICATION AND TO OBTAIN A CONSUMER CREDIT REPORT. I UNDERSTAND THAT FALSE INFORMATION MAY CAUSE THIS APPLICATION TO BE DECLINED.**

Application signature: \_\_\_\_\_ Date: \_\_\_\_\_