

Aarhus Properties  
(978) 887-8279

Apartment Address:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Present Address \_\_\_\_\_ How long there? \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Number of Occupants \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_ Pets (number/type) \_\_\_\_\_  
Car Make/Model/Year \_\_\_\_\_ Color \_\_\_\_\_  
Car Loan At \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

### Employment History

Employer Name/Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Type of Work \_\_\_\_\_ How Long There? \_\_\_\_\_  
Previous Employer Name/Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Type of Work \_\_\_\_\_ How Long There? \_\_\_\_\_

### References

Checking Account With \_\_\_\_\_ Account Number \_\_\_\_\_  
Savings Account With \_\_\_\_\_ Account Number \_\_\_\_\_  
Personal Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
Nearest Relative \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicants herewith deposit the sum of \$ \_\_\_\_\_ to be applied to the first rental due on the above property. It is understood and agreed that if any of the above information is false or misleading, or if the applicants later desire to withdraw this application, after approval by the Landlord, then the deposit paid by the applicant will be forfeited. If the applicant desires to withdraw his or her application prior to approval by the Landlord, a \$35 fee will be charged by the office and the balance returned to the applicant. This application is subject to final approval by the Landlord.

I do hereby request and authorize this company, and person or persons, each former employer, credit bureau, or any firms or corporations referred to in this application, to give any information or answer all questions asked in connection with this application.

Date \_\_\_\_\_ Signed by \_\_\_\_\_

Interviewer \_\_\_\_\_ Name (printed) \_\_\_\_\_

Decision Needed By \_\_\_\_\_