



SVIGOS ASSET MANAGEMENT

Property Development & Asset Management

Address of Rental Property: _____

Co-signer / guarantor of: _____

Move-in Date: _____

Monthly Rent: _____

Move In Fee: _____

Full Name: _____ Birth date: ____/____/____ Social Security #: _____

Telephone: Driver's _____ Cell Phone: _____ Email: _____

License #: _____ State: _____

RESIDENCY:

Present Address: _____ City/State: _____ Zip: _____

Present Landlord: _____ Landlord's Number: _____

Length of Occupancy: From _____ To _____ Monthly Rent: _____

Previous Address: _____ City/State: _____ Zip: _____

Previous Landlord: _____ Landlord's Number: _____

Length of Occupancy: From _____ To _____ Monthly Rent: _____

EMPLOYMENT:

Present Employer: _____

Employer Address: _____ City/State: _____ Zip: _____

Position: _____ Salary: _____ Date Employed: _____

Supervisor: _____ Supervisor's Phone: _____



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Previous Employer: _____

Employer Address: _____ City/State: _____ Zip: _____

Position: _____ Salary: _____ Dates Employed: From _____ To _____

Supervisor: _____ Supervisor's Phone: _____

Additional Income: _____

EDUCATION

Highest level of education completed: _____

School Name: _____ State: _____

Have you ever been evicted from an apartment or retail space? YES / NO

Have you ever been declared insolvent? YES / NO

If yes, please explain:

Do you have any pets? YES / NO What type/breed? _____ Weight? _____ Age(s)? _____

Will there be any other people occupying this apartment? YES / NO Total Number of Occupants: 1 2 3

4 5 6 Names & Relationships:



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State: _____

Nearest Relative: _____

Relationship: _____ Address: _____

Zip: _____ Telephone: _____

I hereby authorize Svigos Asset Management, Inc. to run a credit, eviction and criminal check, as well as verify my employment and tenant histories. I understand that any deposit will be refunded if the application is rejected by management, or if the apartment is unavailable. Photocopy of License is needed for Credit Check.

Signature: _____ Date: _____