



MAUTISTE INVESTMENT GROUP

IMPROVING YOUR PIECE OF THE WORLD

Fax Completed Application to 877-798-0005

Application Date _____
Unit Type _____ Monthly Rent \$ _____
Move In Date _____ After 2pm
Do You Own a Pet? _____ Type? _____
Kind? _____ Weight _____ Name _____
On Approval, Best Phone Number to Call _____

The \$ 30.00 fee for investigating the undersigned's credit application is under no circumstances refundable.

APPLICANT NAME _____ **DATE OF BIRTH** _____ **SS#** _____
First Middle Last

CO-APPLICANT NAME _____ **DATE OF BIRTH** _____ **SS#** _____
First Middle Last

APP. DRIVER'S LIC. NO. _____ **STATE** _____ **CO-APP. DRIVER'S LIC. NO.** _____ **STATE** _____

OTHER OCCUPANTS:

Name _____ SS# _____ Age _____ Relationship _____

Name _____ SS# _____ Age _____ Relationship _____

APPLICANT HOME PHONE # _____

PRESENT ADDRESS _____
Street Apt# City State Zip

DATES: FROM: _____ TO: _____

Present Landlord / Resident Mgr _____ **Apt Name/ Home-Mortgage Co. & Loan #** _____ **Phone** _____

MONTHLY PAYMENT _____ **REASON FOR MOVING** _____

CO-APPLICANT

PRESENT ADDRESS _____
Street Apt# City State Zip

FROM: _____

DATES: TO: _____

Present Landlord/Resident Mgr _____ **Apt Name/ Home-Mortgage Co. & Loan #** _____ **Phone** _____

MONTHLY PAYMENT _____ **REASON FOR LEAVING** _____

APPLICANT PREVIOUS

ADDRESS _____

Street Apt# City State Zip _____

PREVIOUS APT. NAME OR LANDLORD _____ **ADDRESS** _____ **PHONE #** _____ **HOW LONG?** _____

MONTHLY PAYMENT _____ **REASON FOR MOVING** _____

REASON FOR LEASING HERE _____

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? _____

IF YES, EXPLAIN _____

APPLICANT EMPLOYER _____ **PHONE:** _____

POSITION _____ **BUSINESS ADDRESS** _____

SUPERVISOR _____ **Street Apt# City State Zip** _____
EMPLOYED SINCE _____ **GROSS WEEKLY SALARY** _____

PREVIOUS EMPLOYER _____ **PHONE:** _____



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POSITION _____ BUSINESS ADDRESS _____

SUPERVISOR _____ Street Apt# City State Zip
EMPLOYED SINCE _____ GROSS WEEKLY SALARY _____

CO-APPLICANT EMPLOYER _____ PHONE _____

POSITION _____ BUSINESS ADDRESS _____

SUPERVISOR _____ Street Apt# City State Zip
EMPLOYED SINCE _____ GROSS WEEKLY SALARY _____

ADDITIONAL MONTHLY INCOME (IF ANY) _____ SOURCE: _____

BANK CHECKING ACCOUNT NO. _____ BANK NAME AND BRANCH _____

SAVINGS ACCOUNT NO. _____ BANK NAME AND BRANCH _____

CREDIT NAME _____ CITY _____ ACCT. NO. _____ MO. PAYMENT _____ OPEN/ CLOSED

NAME _____ CITY _____ ACCT. NO. _____ MO. PAYMENT _____ OPEN/ CLOSED

VEHICLE YEAR & MAKE _____ COLOR _____ LICENSE NO. & STATE _____ REGISTERED TO _____

YEAR & MAKE _____ COLOR _____ LICENSE NO. & STATE _____ REGISTERED TO _____

OFFICE USE: LEASE INFORMATION:

BEGINNING DATE _____ ENDING DATE _____

SIZE OF APT _____ MONTHLY RENTAL _____ YEARLY

RENTAL _____ MOVE IN DATE _____ PRO RATE _____

SECURITY DEPOSIT _____

BALANCE DUE UPON EXECUTION OF LEASE BY CERTIFIED CHECK OR MONEY ORDER \$ _____

To facilitate investigation in connection with the processing of this application the undersigned authorize said persons to verify all information provided on the rental application by all means available, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Reverification or investigation of preliminary findings is not required. I waive all rights of action for any consequences as a result of such investigation and hold Landlord harmless.

APPLICANTS SIGNATURE _____ Date _____

APPLICANTS SIGNATURE _____ Date _____

APPLICATION TAKEN BY: _____ How did you hear of our community? _____