

APPLICATION TO RENT



Please write carefully and complete all fields. Complete applications get first priority and our highest attention. Call Sam during daytime hours at 801-830-2429 with any questions. When complete, please deliver this application to:

Office: 1728 South 290 East Orem, Utah 84058
Email: OldChapelApartments@gmail.com

www.OldChapelApartments.com

DESIRED MOVE-IN DATE(S) _____

APPLICANT'S FULL NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

DAY PHONE _____ OTHER PHONE _____ EMAIL _____ DRIVER'S LICENSE # _____ STATE ISSUED _____

APPLICANT'S PRESENT ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____

LANDLORD _____ LANDLORD'S PHONE _____

APPLICANT'S PREVIOUS ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____

LANDLORD _____ LANDLORD'S PHONE _____

APPLICANT'S PRESENT EMPLOYER _____ SUPERVISOR _____ PHONE _____

APPLICANT'S VEHICLE: MAKE & MODEL _____ COLOR _____ LICENSE PLATE _____ STATE _____

APPLICANT'S BANK _____ CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

CLOSEST FRIEND/FAMILY MEMBER NOT LIVING WITH YOU _____ PHONE _____ OTHER PERSONAL REFERENCE _____ PHONE _____

SPOUSE'S FULL NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

DAY PHONE _____ OTHER PHONE _____ EMAIL _____ DRIVER'S LICENSE # _____ STATE ISSUED _____

SPOUSE'S PRESENT ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____

LANDLORD _____ LANDLORD'S PHONE _____

SPOUSE'S PREVIOUS ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____

LANDLORD _____ LANDLORD'S PHONE _____

SPOUSE'S PRESENT EMPLOYER _____ SUPERVISOR _____ PHONE _____

SPOUSE'S VEHICLE: MAKE & MODEL _____ COLOR _____ LICENSE PLATE _____ STATE _____

SPOUSE'S BANK _____ CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

CLOSEST FRIEND/FAMILY MEMBER NOT LIVING WITH YOU _____ PHONE _____ OTHER PERSONAL REFERENCE _____ PHONE _____

Do you or your spouse owe any landlord any unpaid rent? YES NO

Have you or your spouse ever paid your rents late? YES NO

Do you or your spouse smoke? YES NO

As a condition and in exchange for my being considered to rent at The Old Chapel Apartments, I hereby offer the information requested on this form, and grant to the management of The Old Chapel Apartments my full and unrestricted permission to contact the references listed herein and to obtain a copy of my credit report. The Old Chapel has my permission to ask about my credit worthiness, habits of financial responsibility, general reliability, and whatever other questions The Old Chapel may deem appropriate. I hereby grant my permission to The Old Chapel, LLC.

APPLICANT'S SIGNATURE _____ DATE _____ SPOUSE'S SIGNATURE _____ DATE _____