

## Please complete and return to Elliottpropertymanager@gmail.com

If approved Applicant will be provided with a Rental agreement. The lease application does not convey any guarantee. No fee or payment is due for a Lease Application.

Property Manager					
Elliott LLC					
Elliottpropertymanager@gmail.com					
PO Box 1091					
Morrisville, VT 05661					
Rental Property					
Address of Desired Lease:					
Unit Number(If Applicable): Desired Number of Bedrooms:					
Applicant #1					
First Name:	Middle Initial:	Last Name:			
Date of Birth:	Social Security Nu	mber:			
Best Phone#:	Email:_				
Driver's License:		Issuing state:			
Applicant #2(If Applying Jointly)					
First Name:	Middle Initial:	Last Name:			
Date of Birth:	Social Security Nu	mber:			
Best Phone#:	Email:_				
Driver's License:		Issuing state:			



## **Residence History**

Current Address:		Unit #:
City, State, Zip Code:		
Dates of Residence: From	To	
Reason For Moving:		
Did you Own, Rent, or Other:		
If Renting, Landlord Name	& Phone#:	
Previous Address:		Unit #:
City, State, Zip Code:		
Dates of Residence: From		
Reason For Moving:		
Did you Own, Rent, or Other:		
If Renting, Landlord Name		
Employment / Financial		
Current Employer:	Position/Title:	
Address:	City, State, Zip Code:	
Name of Supervisor:	Phone#:	
Dates of Employment: From	To	
Monthly Income: USD \$		
Previous Employer:	Position/Title:_	
Address:	City, State, Zip Code:	
Name of Supervisor:	Phone#:	
Dates of Employment: From	To	
Monthly Income: USD \$		



## **List Any Other Sources of Income**

(Provide any othe	er sources of income that y	ou want the property manager to consider)				
Source:Source:		Amount:				
				Financial Accoun	<u>ts</u>	
				(Examples includ	e Savings Account, Checkin	g Account, or Credit Account)
Name:	Account Type:	Account Number:				
Name: Account Type:_		Account Number:				
Name:	Age:	Relationship:Relationship:				
Name:	Age:	Relationship:				
<u>Other</u>						
Have you ever be	en convicted of a crime? (Y	'es or No)				
If yes, provide an	explanation:					
Have you ever de	clared bankruptcy: (Yes or	No)				
Will you be reque	esting pet accommodations	? (Yes or No)				
f ves. type of pet will be staying with you:		Name:				



## **Emergency Contact Information**

Name:	<del></del>
Address:	
City, State, Zip Code:	
	Phone #:
including rental history, current, and details, and any other relevant infor authorize the information to be use	tements and information provided in this application, d previous employment, income, bank and credit account mation necessary to evaluate this application. I also d to perform a credit and/or criminal check. I understand lete information in this application, my application may be
I certify that all statements provided	d in this application are true, correct, and complete.
Applicant Signature:	
Date:	

Lease Application

