



9719 Seneca Trail South ▪ Lewisburg, WV ▪ 24901
Phone 304-647-5656 ▪ Fax 530-451-9716

RESIDENTIAL RENTAL APPLICATION

Name of Applicant _____ Telephone _____

Present Address _____

City, State, Zip Code _____

Social Sec. No. _____ Birthdate _____

Auto Yr/Make/Model _____ Plate No. _____ State _____

Descr/Color _____ Driver's Lic. No. _____ State _____

How long have you lived at the present address? _____

Name of Landlord _____ Telephone _____

Prior Landlord _____ Telephone _____

Personal Finances

Employer _____ Position _____

How long? _____ Telephone _____

Salary _____

Name of Bank _____

_____ Checking Account No. _____

_____ Savings Account No. _____

Creditors

| Name | Account No. | Payment Amt |
|-------|-------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Additional Personal/Credit References

| Name | Relationship | Telephone |
|-------|--------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I represent that the information provided in this application is true to the best of my knowledge. You are hereby authorized to verify my credit and employment references in connection with the processing of this application. I acknowledge receipt of a copy of this application.

I freely and voluntarily grant permission for MAE Enterprises and any of their agents or assigns to review, confirm or otherwise investigate any of the information provided on this form. For a period of not less than 30 days from the execution date on this form, I grant the respective organizations to release relevant information to MAE Enterprises and their agents or assigns.

Applicant

Date