MILFORD MANAGEMENT APPLICATION FOR LEASE

APPLICATION FOR LEASE				Brokerage			
Building							
Address of Building							
Apartment	Floor						
Rent	Security_			Tel. #			
Lease Begins	Lease Ex	oires	Lea	ase Term	Years	Months	
Guarantor □ E-r	mail Address			Cel	l Phone		
Name of Applicant				Telep	hone		
Present Address		City_		State,	ZipHov	v Long	
Social Security				Date	of Birth		
Present Landlord			Address				
			Telephone	9			
If Less Than Two Years Plea	ase List Previous A	ddress					
Previous Landlord							
		Base Salary					
Address							
Telephone			Commissions Y.T.D.				
			Contact/Tel.				
						,	
If Present Employer is less	than Two Years	Janary 1109 J					
Previous Employer			Address				
How Long					Telephone		
Bank References: Check					Acct. #		
Savings					Acct. #		
Other Funds					Acct. #		
Contact:							
Other Sources of Income (B			•		Acct. #		
Contact:							
					Telephone		
AccountantName of Persons not on the Lease to Occupy the Apartment			/ ladi ooo _	Age		ship to Tenant	
				, .go			
In Case of Emergency Notify							
Address			Telephone)			
It is agreed that upon execu	tion of the lease by	/ applicant, said	d applicant :	shall deposit v	vith the landlord and	d/or its agents a	
sum (including deposit) equi The Landlord will in no even	t he hound, per wil	month's r	ent, represe	enting rent in a	idvance and/or sect	irity. Se landlord shall	
have been mailed or delivere	ed to the tenant. The	e applicant and	his reference	ces must be sa	atisfactory to the Lai	ndlord. Landlord	
or any party connected with							
tion or concerning any act of	the Landlord or fai	lure to act on th	e part of the	Landlord in c	onnection with this	Application or in	
connection with any lease of others are to be binding on t	or leases contempl	ated herein	No represe	ntations or ag	reements by salesr	men, brokers or	
A fee of \$60.00 plus tax will						f obtaining your	
Credit Report. Please furnis	h the following info	rmation and cir	cle your me	thod of payme	nt. Credit Fee is n	on-refundable.	
Name on Account	***************************************	A	cct.#	Visa • Maste	r Card • AMEX	Exp. Date	
Signature of Cardholder							
Milford Management shall no	otify applicant of an						
report. Such information sha	Il include the name	address and p	hone numb	er of the report	ting agency from wh	ich the informa-	
tion was obtained. Applicant reporting agency a copy of s	understands that i	n the event of s	uch action,	applicant has	a right to obtain froi	to dispute the	
accuracy and completeness	of the report. Addit	ionally, if applic	ant is rejecte	ed based on ci	redit information obt	ained by Milford	
Management from other sou	irces, such as a pri	or owner, the re	esponse to a	applicant will in	nform applicant of h	is or her right to	
obtain disclosure of the natu	ire of the information					115	

Date _____

Key Date _ Signature of Applicant