



Phone: 619.819.8246

Fax: 619.239.3505

METROWEALTH
PROPERTY MANAGEMENT

Rental Application

Applicant Information

Name:		<u>Car/model:</u>	
Date of birth:	SSN:	Phone:	<u>License #:</u>
Current address:		/Reason For Leaving:	
City:	State:	ZIP Code:	
Owners phone#	Monthly rent:	Days of stay. from:	To:
Previous address:			
City:	State:	ZIP Code:	
Owners phone #	Monthly rent:	Days of stay From:	To:

Employment Information

Current employer:		//Previous:	From:	To:	Phone:
Employer address:			Working from:	To:	
Phone:		Fax:			
City:	State:	ZIP Code:			
Position:	Hourly Salary (Please circle)	Monthly income:			

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information, if Married

Name:		<u>Car/model:</u>	
Date of birth:	SSN:	Phone:	<u>License #:</u>
Current address:		/Reason For Leaving:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	From:	To:
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	From:	To:

Co-applicant Employment Information

Current employer:		//Previous:	From:	To:	Phone:
Employer address:			From:	To:	
Phone:		E-mail:		Fax:	
City:	State:	ZIP Code:			
Position:	Hourly Salary (Please circle)	Monthly income:			

References

Name:	Address:	Phone:
Additional Occupants 1:	2:	3:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: