Application for Rental Property - Hiltz Management

In order for us to process your application quickly, all questions must be answered.

(Please note there is a \$40 credit checking fee for every application.

Fax: 704-375-7312 Phone: 704-333-3355 Email: info@hiltzmanagement.com

PERSONAL	Property appling for:	Move in Date: Refit					
Applicants Name:			Birth Date				
Social Security No:		_Marital Stat	us o Married	o Single	o Divorced	o Separa	ted
Phone:							
Spouses Name		_	Birth Date	1		/	-
Social Security No:		_					
Phone:		-					
Names & Ages of any	one else who will occupy	the residence	e & relationship:				
1. Name		_Age:		Relations	ship:		
2. Name		_Age:		Relation	ship:	·	
3. Name		_Age:		Relation	ship:		
4. Name				Relation	ship: 		
RESIDENCE			,_,_,,				
Present Address	·		How Long:		_years		_months
	o		Telephone:				_
Reason for Moving	:						
Former Address	i:		How Long:		_years		_months
	:	Telephone:			_		
EMPLOYMENT	_,,	, <i>_ , _</i> ,	, , , , , , , , , , , , , , , , , , ,	# ## 2 ## 2 ##		,_,_,	
Applicants Employe	:		Superviso	r:	<u> </u>		_
Employers Address	B:		Telephone	e:	· · · · · · · · · · · · · · · · · · ·		_
Position Held	l:		How Long):	years		_months
Salary	r	Monthly					
Previous Employe	r:		Telephone	e:		<u> </u>	_
Employer - Spouse:			Superviso	or:			<u> </u>
Employers Address		Telephone:					
Position Held:			How Long	j:	years		_months
Salary	/:	Monthly					
	r:		Telephone	e:	<u>.</u> ,		

BANKS - CREDIT					
Name of Bank:			Branch:		
City:	Sta	ate:			
CREDIT REFERENCE:					
1		A/C No:		Telephone:	
2		A/C No:		Telephone:	
3		A/C No:			
4 GENERAL INFORMATIO	<u> </u>	A/C No:		Telephone:	
Pet(s) Number:			Weight(s):		
Type(s)			Housebroken:	Yes	No
- , .					
Vehicle Information:					
1. Make	Mode:	Year:	Color:	License No	State
2. Make	Mode:	Year:	Color:	License No.	State
Drivers License No. Appli	cant:		State:		
Drivers license No. Spou	se:		State:		
CHARACTER REFEREN	ICES				
1			Telephone:		
2			Telephone:		
HAS APPLICANT, SPOU		HER PROPOSED	RESIDENT EVER:	YES	NO
FILED FOR BANKRUPT BEEN EVICTED FROM				YES	NO
WILLFULLY OR INTENT HAS A CRIMINAL RECO	TIONALLY REFUS ORD?			YES	NO
EMERGENCY CONTAC	T;	, , , , , , , , , , , , , ,	- <i></i>	, , , , , , , _	
IN CASE OF ILLNESS, AC	CIDENT, OR EMER	RGENCY PLEASE N	IOTIFY:		
Name:					
Address: _			City:	<u> </u>	State:
Telephone:					
Doctor:			Hospital:		
Telephone: _					

Remarks: