

Campus View Apartments

Rental Application

P
E
R
S
O
N
A
L

Last	First	Middle
Social Security Number		Date of Birth
e-mail		



C
U
R
R
E
N
T

Address	Apartment Number	Home Phone
City	State	Zip
Mobile Phone	How Long?	Landlord's Name

B
A
N
K

Bank Name	City	State
Phone Number (If Known)		

E
M
E
R
G

Parent's Names	Parent's Phone Number
Parent's Address	City, State
	Zip

P
R
I
V
A
C
Y

Names
By signing below, you authorize Campus View Management to discuss issues regarding this contract with names listed above

H
I
S
T
O
R
Y

	Yes	No
Have you ever been charged or convicted with running a disorderly house?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been evicted or been served a Forcible Entry and Detainer Notice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever withheld or intentionally refused to pay rent when due?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the preceding questions, please explain: _____		

I certify the above information is true to the best of my knowledge.

Signature:

Date: