

# The Carribean Group Rental Application Form

## Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?

## Employment Information

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:

## Emergency Contact

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

## Co-applicant Information, if Married

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?

## Co-applicant Employment Information

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:

## References

Name:	Address:	Phone:

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: