



CollegeAvenue

Application for Apartment

Sublettor's Information

Applicant's Name (Last, First, Middle)	Social Security #	Date of Birth				
	Cell Phone or Local Telephone Number					
	Permanent Telephone #					
Permanent Address (Apt., Street, City, State & Zip)	Email Address					
	Are you subletting a garage space?					
Vehicle (if leasing a garage space)	Year	Make	Model	Color	License #	State of Registration
Parent's Name (s)						
Parent's Work Phone #'s						
Bank Name	Branch		Type of Account			
1)						
2)						
Applicant certifies the information provided is current and authorizes Landlord or its agent to check its accuracy and to obtain a consumer credit history from a bureau in considering this application. If a lease is signed based upon false information supplied by applicant, Landlord at its option may cancel any lease made in reliance on such information. This application shall be attached to and considered part of the lease applied for.						
Sublettor Signature _____					For Office Use Only	
Agent Signature _____					Date Recv'd _____	Apt No. _____
					Security Deposit _____	Lease End Date _____