Move-In (Form 1)

Tenant Names:

_____	_____
Last	*Last*
_____	_____
First *Initial*	*First* *Initial*
_____	_____
SSN	*SSN*
_____	_____
Drivers License Number	*Drivers License Number*

Apartment Applied For:

Street Address _____ Apt# _____

City – State – Zip: _____

I certify that the above information is correct and complete and hereby authorize you to make any inquiries you Feel necessary to evaluate my application for tenancy. If i rent the unit, i understand that the information Contained on this form and rental agreement may be maintained in a tenant performance data base for up to Seven (7) years after i vacate the premises.

Applicant Signature(s)	Current Address
_____	_____
	Street Address *Apt.#*
_____	_____
	City/State/Zip
_____	_____
Managers Signature	*Date* *Access # :*

APPLICANT ACCEPTED? YES NO IF "YES", PLEASE RETURN THIS FORM TO:

MOVE-IN DATE: _____

Please note that this document is for reference purposes. You may wish to check with your local landlord association or obtain legal advice to make sure information is appropriate for your state.