CUSTOMER INFORMATION SHEET

YOUR SOCIAL SECURITY #				
YOUR LAST NAME	FIRST NAME	MIDDLE/ MAIDEN		
HOME PHONE #	LISTED UNDER	CELL PHONE #		
YOUR ADDRESS (NO. & ST.)	APT.	CITY	STATE	ZIP	HOW LONG HERE
YOUR PREVIOUS ADDRESS (NO. & ST.)	APT.	CITY	STATE	ZIP	HOW LONG HERE
NAME OF LANDLORD OR APARTMENTS	PHONE #	OFFICE USE		
EMPLOYER	ADDRESS	PHONE #	EXT.	
STATUS: ☐ FULL TIME ☐ PART TIME ☐ NOT WORKING	PAID: ☐ WEEKLY ☐ BIWEEKLY ☐ TWICE-MONTHLY ☐ MONTHLY	DAY PAID ON	NET AMOUNT	HOW PAID: ☐ CHECK ☐ DIRECT DEPOSIT
HOW LONG	OCCUPATION	DEPT.	SUPERVISOR	VERIFIED: ☐ PAYSTUB ☐ PHONE
SPOUSE OR ROOMMATE'S NAME	EMPLOYER	HOW LONG		
OCCUPATION	BUSINESS PHONE #	BUSINESS ADDRESS		
CO-APPLICANT NAME	SOCIAL SECURITY #			
EMPLOYER	ADDRESS	PHONE #	EXT.	
STATUS: ☐ FULL TIME ☐ PART TIME ☐ NOT WORKING	PAID: ☐ WEEKLY ☐ BIWEEKLY ☐ TWICE-MOTHLY ☐ MONTHLY	DAY PAID ON	NET AMOUNT	HOW LONG
REFERENCE NAME	RELATIONSHIP	HOME PHONE #	CELL PHONE #	
ADDRESS (NO. & ST.)	EMPLOYER	OFFICE USE		
REFERENCE NAME	RELATIONSHIP	HOME PHONE #	CELL PHONE #	
ADDRESS (NO. & ST.)	EMPLOYER	OFFICE USE		
REFERENCE NAME	RELATIONSHIP	HOME PHONE #	CELL PHONE #	
ADDRESS (NO. & ST.)	EMPLOYER	OFFICE USE		
REFERENCE NAME	RELATIONSHIP	HOME PHONE #	CELL PHONE #	
ADDRESS (NO. & ST.)	EMPLOYER	OFFICE USE		

I PROMISE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE YOU TO VERIFY ANY AND ALL INFORMATION ON THIS APPLICATION.

APPLICANT _____ DATE _____

CO-APPLICANT _____ DATE _____