

Information Sheet

ALL INFORMATION MUST BE COMPLETE AND LEGIBLE

Name:	Co- Name:
SS#:	SS#:
DL#	DL#
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:

Years at this address:	Own/ Rent:
If yes on rent, Landlord's Lien Waiver must be signed by landlord and returned before delivery	
Name of Landlord:	Phone:
Mortgage Company:	Phone:
Have you ever filed bankruptcy?	If so, when
	Are you in BK now?

REFERENCES (not living in same household, 3 REQUIRED)

Name	Relationship	Phone
Employer		Length
Work Phone		Supervisor
Self employed Type of business		Length
Co-Name Employer		Length
Work Phone:		Supervisor
Name of Bank (checking)		Phone:
Name of Bank (savings)		Phone:
Enroll in Autopay?		If yes, complete auto pay form sent with coupon book.

BY AFFIXING MY (OUR) SIGNATURES BELOW, I (WE) CERTIFY ALL OF THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE AND CORRECT, AND HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION, DEEMED NECESSARY BY LESSOR, RELATING TO EMPLOYMENT, INCOME, AND EXISTING OR PRIOR LEASES INCLUDING PROPERTY/LANDLORDS. ANY FALSE STATEMENT CAN BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I (WE) HAVE READ AND UNDERSTAND THIS.

Signed: _____	Date: _____
Signed: _____	Date: _____