BARTLETT WOODS RETIREMENT COMMUNITY

Rental Application

Size & unit # of apartment desired:		Desired date of occupancy:				
PERSONAL INFORMATION:				_		
Applicant(s) full name:		Date of birth:	SSN:	_		
Applicant(s) full name:		Date of birth:	SSN:	_		
Applicant(s) full name:			SSN:			
RESIDENCE HISTORY:				_		
Current address:						
urrent telephone:		Length of time at current address:				
Current landlord/mortgage holder:						
Telephone:	Amount of re	Amount of rent or mortgage:				
Previous address:				_		
Current telephone:		Length of time at pre	evious address:	_		
Previous landlord/mortgage holder:				_		
Telephone:	ne: Amount of re			_		
Reason for moving:				_		
BANKING & CREDIT REFERENCES:				_		
Bank:						
Checking account #:	count #: Savir					
Other:						
Credit reference (Utility):		Account #:				
Address:		Telephone:				
Credit reference (Utility):		Account #:				
Address:		Telephone:				
Credit reference:		Account #:		_		
Address:		Telephone:				



Revised 6/4/2021

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OTHER INCORMATION:

umber of automol						
	biles:					
1ake:	Model:	Year:	Color:	State:		
1ake:	Model:	Year:	Color:	State:		
n case of personal	emergency, notify:		Relat	ionship:		
Address:		Telephone:				
egal and medical d	your Advance Care Directive, Place of the locuments completed and avail oplicants signature:	able for our review.				
·	o-signed:					
Do	ate signed:					
	_					
Credit reports may or not credit reports	be obtained in connection with s were obtained, and if reports g agency that furnished the rep	this application. Upo were obtained, you wil	n your request, you will	be informed wheth		
Credit reports may or not credit reports consumer reporting	be obtained in connection with s were obtained, and if reports g agency that furnished the rep	this application. Upo were obtained, you wil ort.	n your request, you will	be informed wheth		
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