



STOUT REALTY

Office: (340)776-7653 Fax: (340)777-8784

APPLICATION TO RENT: RESIDENTIAL PROPERTY

LOCATION: _____

Name: _____ Phone: Home: _____ Work: _____

Social Security Number: _____ Driver's License #: _____

Mailing address: _____

Present Residence: _____

How long: _____ Rent paid: _____ Reason for moving: _____

Owner/Manager: _____ Phone: _____

Previous Residence: _____

How Long: _____ Rent Paid: _____ Reason for moving: _____

Owner/Manager: _____ Phone: _____

Names, ages, and relationship of persons to live with you: _____

Vehicles

1. Make: _____ Model: _____

Year: _____ License: _____

2. Make: _____ Model: _____

Year: _____ License: _____

Present Occupation: _____ Phone: _____

Occupation address: _____

Employer: _____ Phone: _____

How Long: _____ Supervisor: _____ Phone: _____

Credit Reference: _____ Account: _____

Personal Reference (not a relative): _____ Phone: _____

Address: _____

Contact in Emergency: _____ Phone: _____

Address: _____

Have you ever broken a rental agreement or lease: _____

If yes, please explain: _____

Have you ever been evicted: _____ If yes, please explain: _____

Please sign below authorizing The Credit Bureau of St. Croix to complete a credit check. Credit ck paid \$____ Date: _____

Signature

Date