

	Tenant 1	Tenant 2
Name		
Property Address		
Parking Space/Garage #:		
Home Phone		
Work Phone		
Cell Phone		
Pager		
Other		
E-mail @ Home		
E-Mail @ Work		
Best Method and Time to Contact		
Emergency Contact Name	Relationship:	
Phone Number: (    )		

**Please list names of All Household Occupants including children:**

Occupant's First and Last Name	Date of Birth	Relationship	SS#

**Please List ALL Vehicles Kept at the Rental Property**

Vehicle Year, Make and Model	Color	License Number	State of Registration

**Amenities in Unit: Please circle all that apply:**

- A/C    Fireplace    Laundry Hook-up    Skylight    Patio/Balcony    Ceiling Fan    View  
 Vaulted Ceilings    Extra Storage    Microwave    Dishwasher    Hardwood Floors

**MAINTENANCE REQUEST**

Please list and explain any maintenance items in the unit that need repair/service.

Kitchen: \_\_\_\_\_

Bath(s): \_\_\_\_\_

Interior: (doors, windows, walls) \_\_\_\_\_

Exterior: (doors, windows, walls) \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

Please sign and Return: \_\_\_\_\_

Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date