

OVERMAN FURNITURE RENTAL RENTAL APPLICATION

Please Print and Complete All Items

How did you hear about us? _____

Last Name _____ First _____ MI _____ SS# _____

Date of Birth _____ Marital Status _____ DL# _____ State _____

Delivery Address _____ Apt# _____ City _____

State _____ Zip _____ Lease Length _____ Phone # (____) _____

Previous Address (or Current Address if not yet moved) _____

Applicants Previous Address if Current less than 5 years _____

Your Employer _____ Supervisor _____ Occupation _____

Emp. Phone# _____ Emp. Length _____ Address _____

Your Income _____ Hour_Wk_ Mo_ Yr_ Prev. Employer Name _____

Prev Emp Address _____ Emp Length & Occ _____

Spouse/Rmte Name _____ SS# _____ DOB _____ DL# _____

Spouse/Rmte Employer Name _____ Emp Length & Occ _____

Income _____ Phone _____ Address _____

Apartment or Landlord Name _____ Rent per Mo _____

Is Apartment in your Name _____ If not Whose Name _____ # in Apt _____

DO YOU HAVE PETS? Yes ___ No ___ If yes, What _____

References:

Parent or Closest living Relative.

Name _____ Address _____ Phone _____

Personal References:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Credit References:

Company	Address	Account #	Balance	Mo/Pmt
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby authorize Overman Furniture Rental to check my credit and rental history thru any credit reporting agency and to verify my employment history and salary. I understand I am applying for a minimum 3 month rental contract. I certify that all statements and information on this application is true and correct to the best of my knowledge.

Date _____ Signature of Lessee(s) _____

If Faxing this application, Please Call 806-791-4774 for Faxing instructions.
