

## Residential Rental Application - PLEASE PRINT

Applicant Information			
Name:			
Date of birth:	Email:	Phone-W:	
Phone -H:	Phone-Cell:		
Current address:			
Address:	Parish:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
Address:	Parish:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
Address:	Parish:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
Parish:	ZIP Code:	Phone-Cell:	Phone-W/H:
Relationship:			
Co-applicant Information, if Married			
Name:			
Date of birth:	Email:	Phone-W:	
Phone-H	Phone-Cell:		
Current address:			
Address:	Parish:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
Address:	Parish:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
Address:	Parish:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
References			
Name:	Address:	Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

**Member of Bermuda Credit Association**  
**Credit checks at a cost of \$50 non-refundable**

P.O. Box GE 220  
 St. George's GE BX

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<b>Co-applicant Employment Information</b>			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
Address:	Parish:	ZIP Code:	
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Address:			
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Employer address:			How long?
Phone:	E-mail:	Fax:	
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