

VIEWING APPLICATION

First & last name: _____ Over 19 years old : Yes ~ No

Phone: _____ E-mail: _____

Number of adults to occupy unit: _____ Number of children under 18 to occupy rental unit: _____

Property of interest : _____

Date premises required: _____ Price range: _____

Area preferred: _____ # of bedrooms: _____

Number of pets: _____ Type of pets: _____

Unit requirements: _____

Preferred viewing time Mon Tue Wed Thu Fri

9:30-am-11:30am 11:30am-2:00pm 2:00pm – 4:00pm

Applicant's Signature _____ Date: _____

ALL INFORMATION HEREIN IS DEEMED CONFIDENTIAL

Tenancy will be denied if you misrepresent any information on the application.