

Residential Tenant Information Form

Property Address: _____

Tenant Personal Information:

- Full Name: _____
- Date of Birth: _____
- Social Security Number (Optional): _____
- Contact Number: _____
- Email Address: _____

Residential History:

Previous Address: _____

City: _____ State: _____

ZIP: _____

Landlord Name: _____

Contact Number: _____

Reason for Leaving: _____

Current Employment Details:

- Employer Name: _____
- Position/Title: _____
- Monthly Income: _____
- Employer Contact Information: _____

Additional Information:

- Will there be additional occupants? Yes No

If yes, list their names and relationship: _____

- Do you have pets? Yes No

If yes, specify type and number: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Tenant Certification:

I, the undersigned, certify that the information provided is accurate and true to the best of my knowledge.

Signature: _____

Date: _____