

# Tenant Information Form Online

## Property Details:

- Property Address: \_\_\_\_\_
- Unit Number: \_\_\_\_\_

## Personal Information:

- Full Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Identification Information:

- Driver's License Number: \_\_\_\_\_
- State Issued: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_

## Employment Details:

- Current Employer: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Work Address: \_\_\_\_\_
- Monthly Income: \_\_\_\_\_

## Residency Preferences:

- Anticipated Move-In Date: \_\_\_\_\_
- Lease Term Requested:  6 months  12 months  Other: \_\_\_\_\_
- Parking Required?  Yes  No

## Additional Details:

- Do you smoke?  Yes  No

- Do you have renter's insurance?  Yes  No

**Acknowledgment and Consent:**

I hereby grant permission to verify the provided information, including contacting employers and landlords.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_