

Sharpes Plaza



RENTAL APPLICATION

Desired move in date: ___/___/___

Name : _____

Date of Birth: ___/___/___ DL # _____ SSN # _____

Cell: (____) _____ Home: (____) _____ Fax: (____) _____

Home E-mail: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Please choose one from each of the following columns :

Single

Married

Co-owners: _____

Have you been evicted for non-payment of rent? _____ Yes _____ No

Have you been evicted for any other reason, if yes please explain:

Rental References (Please list 2. If new business, please fill out personal references only.):

Property Name _____

Property Address: _____ City: _____ ST: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Property Name _____

Property Address: _____ City: _____ ST: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Personal References (Please list 2):

Name: _____ Relationship: _____

Phone: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____

I/We confirm that all the information I/we have supplied is true and correct. I/we understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/we hereby authorize the verification of all the above information by Sharpes Holdings, LLC including a business credit report. This application does not constitute a contract, lease, or agreement for space.

Name(s): _____

Signature: _____

Date: ____ / ____ / ____ (Authorized signature)

PLEASE RETURN TO OFFICE@CLOVERKEYINC.COM