Date:		_Application to I	Lease Unit
	44		

AJL BOARDMAN CO. 203-348-8378 205 WILLOWBROOK AVENUE STAMFORD, CT 06902

## PLEASE COMPLETE IN FULL

PHONE:

FAX: 203-324-3074

APPLICANT		SPOUSE OR CO-APPLICANT			
Name		Name			
Birthdate	S.S.#	Birthdate S.S. #			
Address		Address			
City/State/ZIP		City/State/ZIP			
Home #	Cell #	Home #	Cell #		
Driver's License #	State	Driver's License #	State		
E-Mail		E-Mail			
Landlord Name		Landlord Name			
Monthly Rent \$	Phone #	Monthly Rent \$	_ Phone #		
APPLICANT'S EMPLOY	ÆR .	SPOUSE OR CO-APPLICANT'S EMPLOYER			
Name	Ph #	Name	Ph#		
Address		Address			
City/State/ZIP		City/State/ZIP			
Position	Length	Position	Length		
Weekly Income		Weekly Income			
Additional Income		Additional Income			
Previous Employer		Previous Employer			
	LIST EACH OCCUPANT	SOCIAL SECURITY#	DATE OF BIRTH		
THIS SECTION MUST BE COMPLETED IN FULL					
VEHICLE		VEHICLE			
Year Make	Model	Year Make	Model		
ColorPla	ate #	Color Plate #_			
All applicants conser	PLEASE R	READ BEFORE SIGNING ubject to owner's approval.			
			n persons.		
	It is further understood that the premises are to be used as a residence only, to be occupied by no more than persons.  Possession of the premises is not guaranteed until owner or agent deems apartment ready for occupancy.				
o. I ossession of the pro	omises is not guaranteed until Owner Of age	on acenia aparanent ready for occupancy.			
SIGNATURE		SIGNATURE			
Applicant	Date	Spouse or Co-Ap	oplicant Date		