

Choose Bldg Address: 2821 SW 1 Ave 5896 SW 66 ST Miami FL

Telephone: 305-607-5038

Fax completed form to: 1.866.908.5331

Or answer each question in email format to EdMgr@lissen.com

Name _____ **Home Phone** _____

Work Phone _____

Soc. Sec. No. _____

Driver's License No. _____

Date of Birth _____

Name and relationship of every person to live with you, even if only temporarily (include ages of minors): _____

Present Address

How long at this address? _____ **Rent \$** _____

Reason for moving _____

Owner/Manager _____ **Phone** _____

Previous Address

How long at this address? _____ **Rent \$** _____

Reason for moving _____

Owner/Manager _____ **Phone** _____

Present Employer / Occupation: _____ **Monthly Income: \$** _____

How long? _____ **Supervisor Name** _____ **Phone** _____

Previous Employer / Occupation: _____ **Monthly Income: \$** _____

How long? _____ **Supervisor Name** _____ **Phone** _____

Amount of alimony and/or child support you receive \$ _____ **or pay \$** _____

Savings account: Bank _____ **Account No.** _____

Checking account: Bank _____ **Account No.** _____

Major Credit Card _____

In case of an emergency, what friend or relative should we contact?

Name _____ **Telephone Number** _____

Address: _____

Date _____ **Your Signature** _____

By signing above, you authorize property landlord, Miller Thomas, LLC, or its assigns to pull credit report and verify above information.