Sharp Rentals, LLC
PO Box 465, Augusta, Kansas 67010 (316) 253-9787
Debbiesharp04@gmail.com

APPLICATION FOR RESIDENCY				PLEASE PRINT	
	Last Name		M. I.	Social Security #	
D.L.#	State_	Married_	Single		
Spouse:	Last Name	First	M.I.	Social Security #	
	State_				
Present Ado	dress:				
Cell Phone Home Phone	()e()	Work Pho	ne ()	OwnRent	
Landlord Na	nme:	Landlord Phone#			
Residency D	Oates: From	to	Monthl	y Payment	
Employer A Position		Gross M	Phon Ionthly Income _	e #	
Employer A Position		Gross M	Phon Ionthly Income	e #	
Bank Refer	ence: Bank/Lender	Name	Address:		
	Birthdate Birthdate				
Pets: How N	Many?Type	& Weight:			
Emergency	Contact: Name	P	hone	Relationship	
Car/Truck Y	ormation (No boat, the Make/Make/Make/Make/Make/Make/Make/Make/	Iodel	License	on the property) #	
	e one: Smokin				
APPLICANT RE COMPLETE. Ap information here	PRESNETS THAT THE II	NFORMATION SET verification of any and ed above will be kept ental Agreement beto	FORTH ON THIS AF d all information on thi confidential. Material ween the parties.	PPLICATION IS TRUE AND is application for residency. All such misrepresentations on this application	
Applicant's Sign	nature	DateDate			