# CORPORATE APARTMENT RENTAL
# CREDIT APPLICATION

***(Required at least 72 hours prior to move-in)***

Company Name _____

Company Headquarter Address _____

Federal Tax ID _____

Contact Name _____

Telephone _____

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**FOR OFFICE USE ONLY:**

SafeRent Score_____

| | |
|---|---|
| 71-100 | Approved |
| 51-70 | Approved with Conditions |
| 0-50 | Decline |

Date _____

SafeRent Run by (Shea Associate) _____

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The undersigned applicant hereby declares that the representations of fact contained in the foregoing application are considered part of my lease and are true and correct. I agree that if any information herein contained is false, the lease made on the strength of this application may, at the option of the landlord, be terminated at any time. Applicant authorizes lessor to verify the above statements including, but not limited to, the use of credit information agencies.

_____ _____

Signature of Company Representative Date

_____

Title

_____

Company Name

_____ _____

Signature of Shea Representative Date