

Corporate Apartment Rental Credit Application Required at least 3 weekdays prior to move-in

Date of Application _____

Apartment Community _____

Company Name _____

Company Headquarter Address _____

Federal Tax ID _____

Contact Name _____

Telephone _____

E-mail _____

FOR OFFICE USE ONLY:

Date _____

SafeRent Run by (Shea Associate) _____

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
CA Broker's License #01382566

Date