DLG CO. LTD. PTN. STAMFORD, CT 06902 PHONE (203) 348-8378 / FAX (203) 324-3074

ATE:	Al	PPLICATION TO LEASE	UNIT	
PLICANT		SPOUSE OR CO-APPLICA	SPOUSE OR CO-APPLICANT	
ne		Name		
irthdate S.S. #		Birthdate S.	Birthdate S.S. #	
dress		Address		
//State/ZIP		City/State/ZIP		
me #	Cell #	Home #	Home # Cell #	
/er's License #	State	Driver's License #	State	
/ail		E-Mail		
ndlord Name		Landlord Name		
onthly Rent \$Phone #		Monthly Rent \$	Phone #	
APPLICANT'S EMPLOYER		SPOUSE OR CO-APPLICA	SPOUSE OR CO-APPLICANT'S EMPLOYER	
ıme	Ph #	Name	Ph#	
dress		Address		
y/State/ZIP		City/State/ZIP		
sition	Length	Position	Length	
ekly Income		Weekly Income		
dditional Income		Additional Income	Additional Income	
Previous Employer		Previous Employer	Previous Employer	
	LIST EACH OCCUPANT	SOCIAL SECURITY #	DATE OF BIRTH	
IIS SECTION JST BE COMPLETED				
FULL				
HICLE		VEHICLE		
ar Make	Model	Year Make	Model	
lorPl	ate #	Color Plate #		
	PLEAS	SE READ BEFORE SIGNING		
	nt to a credit, criminal check, and are the	en subject to owner's approval. a residence only, to be occupied by no more tha	an parcane	
	•	r agent deems apartment ready for occupancy.	an persons.	

Applicant Date Spouse or Co-Applicant

SIGNATURE _____

Date

SIGNATURE _____