

Commonwealth Realty
Group Inc.

DOWNLOADED: Student Rental Application:

Student's Name: _____ SS #: _____

Telephone Numbers: (@ College) _____ (Cell?) _____

Address @ College: _____

Student's Email Address @ College: _____

Co-Signer's Name(s): _____

Co-Signer's Phone #: _____

Co-Signer's Address: _____

City: State: Zip: _____

Co-Signer's Email Address (if any): _____

Part-time Job? _____

Name of Credit Card Company: _____

Phone # (back of Credit Card): _____

*The Applicant authorizes the renting agency to obtain a consumer credit report relating to this application.
Deposit is to be applied as shown below, or applied to actual damages sustained by the owner, except it is to be
refunded if said
application is not accepted by the owner.*

Student Applicant's Signature:

For Office Use Only

Apartment No. _____ # of Occupants _____ # of Students _____ Pets? _____

Address: _____ Base Rent: _____

Key/Lock: _____

City: _____ Terms of Lease: _____ Last month: _____

Security dep.: _____

From: _____ To: _____

Balance Due upon acceptance: _____