



**Furniture/Housewares Rental Application
Cover Sheet**

Date: _____

Property Address: _____

Proposed Move-In Date: _____

Initial Lease Term: _____/Months

Corporate Housing Specialist: _____

Primary Contact Regarding This Application: _____

Cell Phone: _____ Home Phone: _____

Email: _____

PLEASE CHOOSE ONE BELOW

Rental Payments shall be paid by: Credit Card Company Check

If paid by Company Check, please complete below:

Company Name: _____ Address: _____ Federal Tax ID: _____

Contact Person: _____ Phone: _____ Fax: _____ Email: _____

**Application must be completed fully and accurately then submitted by email or returned to our office.

**Proof of income and photo identification must be submitted with the application for processing.

Corporate Housing Experts
PO Box 98207, Jackson, MS 39298
601-981-7368, 800-990-7368, Fax: 601-605-9530
lease@corporatehousingexperts.com





FURNITURE/HOUSEWARES RENTAL APPLICATION

Tenant Name: _____ Property Address: _____

*Driver's License # and DOB are Required of occupant(s)

CUSTOMER(S) INFORMATION	
Customer (1) Name:	Social Security #:
Driver's License #:	Home Phone #:
Driver's License State:	Cell Phone #:
Date of Birth:	Email Address:
Customer (2) Name:	Social Security #:
Driver's License #:	Driver's License State:
Date of Birth:	Cell Phone #:
Other Occupant(s) (Names & Ages):	
Current Home Address:	Apt #:
City, State & Zip:	How long at residence? From: To:
EMPLOYMENT INFORMATION	
Customer (1) Employer:	Telephone:
Address:	How Long?:
Position:	Gross Monthly Income:
Supervisors Name:	Supervisors Phone #:
Customer (2) Employer:	Telephone:
Address:	How Long?:
Position:	Gross Monthly Income:
Supervisors Name:	Supervisors Phone #:

The undersigned warrants and represents the information on this application to be true and correct. All persons and firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. By signing below, applicant grants permission for *Corporate Housing Experts* to verify the above information and the applicant's credit history, criminal background and residential history, in connection with my application and that my application may be rejected based on information contained in the reports.

Applicant's Signature & Date

Applicant's Signature & Date

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AUTHORIZATION TO RELEASE INFORMATION

Corporate Housing Specialist: _____ Date: _____

To Whom It May Concern:

I/We authorize you to provide Corporate Housing Experts any/all information they request. Such information is not limited to, employment history, income, rental history, credit history and criminal background records.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether I/We qualify as a prospective renter under its program. It will not be disclosed outside the agency except as required and permitted by law.

Applicant's Signature Date

Applicant's Signature Date

Print Name

Print Name

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