



St. Croix Property Management
52 King Street
Christiansted, VI 00820
(800) 964-9755 Toll-Free
(340) 773-4665 Phone
(340)773- 8989 Fax
info@stcroixpropertymanagement.com

RENTAL APPLICATION
Equal Housing Opportunity

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____

Date of Birth _____ Social Security # _____

Email Address : _____ (optional) Other Phone () _____

Co-Applicant Name _____ Names of Dependents _____

Co-Applicant Date of Birth _____ Social Security # _____

Dependents Date of Birth _____

List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ State _____ Zip _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Previous Address (last 3 years) _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Previous Address (last 3 years) _____ Rent \$ _____

Owner/Agent _____ Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years?	Yes _____	No _____
Have you ever been evicted from a rental residence?	Yes _____	No _____
Have you had two or more late rental payments in the past year?	Yes _____	No _____
Have you ever willfully or intentionally refused to pay rent when due?	Yes _____	No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION



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Your Status: ____ Full Time ____ Part Time ____ Student ____ Unemployed

Employer _____

Dates employed _____ Employed as _____

Supervisor Name _____ Phone () _____

Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer.)

PLEASE LIST YOUR REFERENCES

Personal Reference:

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Emergency Contact (other than spouse):

Name _____ Address _____

Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate State _____

Make / Model _____ Year _____ License Plate State _____



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ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Five horizontal lines for providing additional information.

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

I hereby apply to lease a property from Farchette & Hanley Property Management and agree that the rental is to be payable the first day of each month in advance.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____ Date _____
Name of Applicant

Please sign: X _____ Date _____
Name of Applicant

AUTHORIZATION
Release of Information

I hereby authorize Schaffer Mortgage Corporation to order a consumer credit report and agree to permit St. Croix Property Management to investigate my tenant history, banking and employment for the purposes of renting an apartment with this owner/manager.

Name (please print)

X _____ Date _____
Signature

X _____ Date _____
Signature