

managed by: Investors Management, Inc.	www.investorsman	agement.net
office: 1804 T Street NW, Washington, DC 2000 phone: (202) 462-0900 or (202) 462-1874 contact: Nicola Skippen	mailing: P.O. Box 3817, Crofton, MI fax: (800) 260-1473 email: Nicola@investorsmanagem	
Date:		
Prospective Address:	Desired Occupancy Date:	
Applicant Name:	Soc. Sec. No	
Home Phone: Cell Phone:	Email:	
Present Address:	City, State, Zip:	
Present Rent: \$ How long? L		
Previous Address:	How Long?	
Previous Landlord Name, Phone:		
Current Employer:	Position:	
Employer Address, Phone:		
Salary: \$ How Long?	Supervisor Name:	
Nearest Relative Name, Phone (emergency):		
Two Personal References Names, Phones:		
Other Occupants that will live with you:		
All applicants information will be checked through authorize Investors Management, Inc. to use a employed by such to investigate the references to other person pertaining to my employment history to obtain a consumer report and such other credit and furnish such information to the owner/agent list is understood that Investors Management, Inc. or If any information is found to be false, the least terminated. I understand what I have read and conditions and hereby render a \$20.00 application application.	ny agent, credit, criminal and/or investigaterein listed or statements obtained by mean, credit, prior tenancies, character, and mean tender information which may result thereby and ted above in support of this application. Expresents the owner of the property. Expresents the owner of the property. Expresents the owner of the property. Expresents the owner of the property.	ative agency of or from any ode of living, do to disclose INITIAL ation may be the terms and
Signature:	DOB: Date:	
Best feature of property: Heard about property from: Do you have nets: YES NO If yes, type and w	eight:	

