

APPLICATION FOR APARTMENT RENTAL
HOWE REALE INC.

NAME _____ DATE _____
ADDRESS _____ TELEPHONE
_____ (____) _____

RETIRED YES _____ NO _____

EMPLOYER _____

TYPE OF WORK _____

HOW LONG EMPLOYED AT PRESENT JOB _____

FAMILY TO LIVE WITH YOU IN AN APARTMENT _____

NUMBER AND AGES OF CHILDREN _____

LIST OF THOSE WHO SMOKE _____

TWO REFERENCES:

NAME _____ ADDRESS _____

PHONE _____

NAME _____ ADDRESS _____

PHONE _____

TYPE OF APARTMENT DESIRED

ONE BEDROOM _____ TWO BEDROOM _____ EFFICIENCY _____

WHEN IS APARTMENT DESIRED BY _____

THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

PLEASE RETURN TO: HOWE REALE INC.
APT 3-0
49 JUDSON ST.
CANTON, NY 13617

NO SMOKING ***** NO PETS ***** NO WATERBEDS