



# Ambassador Asset Management of Denton, LLC

1714 Tealsey Lane, Denton, TX 76205

P: 940.220.6440 F: 940.220.6443

## PERSONAL INFORMATION:

Name of Applicant: \_\_\_\_\_ DL #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address: \_\_\_\_\_ Lease: Yes  No  Lease Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Yes, Landlords Name and Telephone #: \_\_\_\_\_

## RENTAL HISTORY:

1. Previous Landlords Name: \_\_\_\_\_ Landlords Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long at previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Previous Landlords Name: \_\_\_\_\_ Landlords Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long at previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMPLOYMENT INFORMATION:

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ How long employed: \_\_\_\_\_ Employer's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Salary: \$ \_\_\_\_\_ (wk.,biwk.,mo., yr.) Full Time  Part Time

1. Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ How long employed: \_\_\_\_\_ Employer's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Salary: \$ \_\_\_\_\_ (wk.,biwk.,mo., yr.) Full Time  Part Time

2. Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ How long employed: \_\_\_\_\_ Employer's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Salary: \$ \_\_\_\_\_ (wk.,biwk.,mo., yr.) Full Time  Part Time

## ALL OTHER OCCUPANTS:

Names of persons that will be occupying the apartment with you: (DO NOT include your self)

1. \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to you: \_\_\_\_\_

I certify that all the information provided on this application is true and complete. My signature above authorizes permission to verify any of the information provided and verification of credit history from a consumer-reporting agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_