

CRIMINAL BACK GROUND CHECK FOR The Old Mill Extended Stay

Applicant Information

Name:		Pets:	Breed:	No. of persons residing in RV : A C	
Date of birth:	Year:	Make of RV:	Length:	Phone:	
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous address: (If less than 2 years)					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?

Employment Information

Current employer:					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly	Salary	(Please circle)	
			Annual income:		

Emergency Contact

Name of a person not residing with you:					
Address:					
City:		State:		ZIP Code:	Phone:
Relationship:					

Co-applicant Information

Name:					
Date of birth:					Phone:
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?

Co-applicant Employment Information

Current employer:					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly	Salary	(Please circle)	
			Annual income:		

References

Name:		Address:		Phone:	

I authorize the verification of the information provided on this form as to my credit and employment application.

Signature of applicant:				Date:	
Signature of co-applicant:				Date:	