RTO Of America

INFORMATION SHEET

2941 Legacy Ln. York,Pa. 17402

ALL INFORMATION MUST BE COMPLETE AND LEGIBLE

me: Co-Name:				(4)	
D.O.B. (MM-DD-YYYY):	Co-N	lame D.O.B.:			
SS No.:	(2) Co-N	lame SS No.: _		(2)	
D.L. No.: Photocopy R		lame D.L. No.: -		Photocopy Required	
Home phone:		lame Cell:		(2)	
Cell phone:	(2) Co-M	lame E-mail:		(2)	
SMS Text Messaging? Yes (2) No			Co-Name is spouse	:	
E-Mail	• •	na Addroso:			
Physical Address:	IVIAIII	ng Address			
City, County, State, Zip:		/, County, State,	Zip:		
			Own w/	Own w/	
At address since (MM-YYYY):					
Name of Landlord:	Pho	ie:			
References (not living in same household, 2 requir	red, 3 for addition	al points):			
Name (closest relative):Relationship:		p:	Phone:		
Name (closest relative):	Relationship:		Phone:		
Name (closest relative):	Relationship: _				
Employer:		_ Since (MN	<i>I</i> -YYYY):	(+6 months=4)	
Work phone:		Superviso	r:		
If self-employed: Type of business		Since (MM	<i>I</i> -YYYY):	(2+years=2)	
Co-Name Employer:		Since (MM	<i>I</i> -YYYY):	(+6 months=4)	
Co-Name Work phone:		Co-Name	Supervisor:		
Checking Account: Yes (2) No		Yearly			
		Income			
Enroll in AutoPay? Yes(6) No(If yes, in	clude form.)	Include the	e Damage Waiver?	Yes(4) No	
BY SIGNING BELOW, I (WE) CERTIFY THE INFORMA AUTHORIZE THE RELEASE OF ANY INFORMATION, I EXISTING OR PRIOR LEASES. I (WE) AUTHORIZE LE ACCOUNT. ANY FALSE STATEMENT CAN BE SUFFIC UNDERSTAND THIS STATEMENT.	DEEMED NECESS	ARY BY LESSOR, MBERS/E-MAILS	RELATING TO EMPLO	DYMENT, INCOME, AND G CONTACT ABOUT	
Signed:	I	Date:			
Signed:		Date:			