

Applicant Information			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP Code:	
Own Rent (circle one)	Monthly payment or rent:	How Long?	
Previous Address:			
City:	State:	ZIP Code:	
Owned Rented (circle one)	Monthly payment or rent:	How Long?	
Employment Information			
Current Employer:			
Employer Address:			
Phone:	Email:	FAX:	
City:	State:	ZIP Code:	
Position:	Hourly Salaried (circle one)	Annual Income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	
Phone:	Relationship:		
Co-Applicant Information, if Married			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP Code:	
Own Rent (circle one)	Monthly payment or rent:	How Long?	
Previous Address:			
City:	State:	ZIP Code:	
Owned Rented (circle one)	Monthly payment or rent:	How Long?	
Co-Applicant Employment Information			
Current Employer:			
Employer Address:			How Long?
Phone:	Email:	FAX:	
City:	State:	ZIP Code:	
Position:	Hourly Salaried (circle one)	Annual Income:	
<p>I hereby authorize Bayshore Shopping Center Property Owner LLC and Cypress Equities Managed Services, LP to obtain consumer reports on me including, but not limited to, Credit Report, Housing Court Records, Criminal Background Checks and whatever else is necessary to process my application, as well as in the future should I default on my lease. I also agree to hold Bayshore Shopping Center Property Owner LLC and Cypress Equities Managed Services, LP and its affiliates harmless for any claims that may arise as result of this.</p>			
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date: