Ithaca Artisan Apartments Tenant Reference Form

Please return completed form to Ann at ann@ithacaartisan.com

Name(s) of primary applican	t(s):		Date(s) of birth:		
Name(s) of primary applican	Date(s) of birth:				
Current address: Street:					
City:	S	State:			
Current phone numbers: Ce	II:	Home:	Work:		
Number of family (please include names /ages of anyone not included under applicants, above):					
Adults:		Children:			
Present Landlord name/com	ipany:				
Name of contact p	erson (if a company):		Phone/email:		
Recent landlord name(s):					
Name of contact p	erson:		Phone/email:		
Work references (please inc	lude this information f	or all those who will be resp	onsible for rent)		
Place of employme	ent:		Job title:		
Street Address:		City:			
State:	Zip:				
Work Phone:		Supervisors name:			
Additional reference (if desi	red):				
Number of: dogs:	breed:	name:	age:		
cats:	name:	age:			
Has your dog received obedience training? Is/are your pet(s) neutered (or will be once old enough)					
Doggie reference: (prefer la	ndlord, but will accept	unbiased others such as a ve	et, trainer, groomer, walker).		

When do you need to move in	ı by?			
apartment. Rent is prorated f	or partial month occup ts require an additiona	pancy. Rent is due the 1 st of early of the second of the	s lease is due when you move into the every month, late fees of a dollar a day apply sit We cannot accept Pit bulls or similar I pets only, please.	
By signing this document, I authorize Ithaca Artisan Apartments /Ann Leonard or her assigns to check my references. I understand the results of this search are strictly confidential and will not be shared with a third party.				
SIGNED:	date:	SIGNED:	date:	

Why are you leaving your current residence?