Hopedale Mini-Storage

Tenant Information Form

Applicant Information

Name:				
Date of Birth:	SSN:		Phone:	
Current Address:				
City:	State:		ZIP:	
Own Rent (Please circle) How long?				
Previous Address: (less then 3 years at current address)				
City:	State:		ZIP:	
How did you hear about us?				
Employment Information				
Current Employer:				
Employer Address:				How long?
Phone:	E-mail:			
City:	State:		ZIP:	
Emergency Contact				
Name:				
Phone:				
Relationship:				
4 DIGIT GATE CODE:				
Lauthorize the verification of the information provided on this form as to my				
I authorize the verification of the information provided on this form as to my credit and employment.				
Signature of Applicant:				Date: