



APPLICANT INFORMATION

Full legal name:

Date of birth:

SSN:

Drivers License Number:

Home phone number:

Cell phone number:

Work number:

Current address:

City:

State:

ZIP Code:

Lot or Apt number:

Owned Rented
(Please circle)

Landlords name:

Landlords number:

Car make model & year:

Color:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone number:

City:

State:

ZIP Code:

Position:

Supervisor:

PayDate:

REFERENCES

Name:

Phone Number:

Relation:

Time Known:

Name:

Phone Number:

Relation:

Time Known:

Name:

Phone Number:

Relation:

Time Known:

Name:		
Phone Number:	Relation:	Time Known:
How did you hear about us?:		
I authorize Easy Own Home Furnishings to verify the information provided on this form as to my references and employment information.		
Signature of applicant		Date
Signature of witness		Date