

# ATB Furnished Housing

## Guest Registration

86403 N 50<sup>th</sup> Street – Tampa, FL 33610

813-621-8090 (office)

813-626-5485 (fax)

### PERSONAL

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Previous Address: (if less than 1 yr.)  
\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Passport #: \_\_\_\_\_

(If Applicable) (Attach copy)

### BANKING

Bank: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

### EMPLOYMENT

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Monthly Gross Salary: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

### In Case of Emergency

For emergency purposes we must have the name and contact number for someone that does not currently reside with the applicant.

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship: \_\_\_\_\_

### APPLICANT CERTIFICATION

The information on this application is submitted for the purpose of securing a Rental Agreement ATB Industries. I (we) hereby certify that this information is true, correct and complete, and I (we) understand and agree that falsification of this data is grounds for ATB Industries refusing to enter into a Rental Agreement. I (we) acknowledge and agree that my (our), Rental Agreement with ATB Industries will not become effective until this Rental Application has been approved. I (we) give ATB Industries authorization to check my credit and employment history with the information I (we) have provided above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_