



EZ Furniture Rental

## Rental Application

Applicant Information			
Full Name:			
E-mail:			
Date of birth:	SSN:	Phone:	
Delivery address:			
Apartment Community:			
City:	State:	ZIP Code:	
Requested Delivery Date:	Requested Lease Length:		
Additional Notes:			
Previous address:			
City:	State:	ZIP Code:	
Employment Information			
Current employer:			
Employer address:			
Phone:	How long?		
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:	E-mail:		
How did you hear about us?			
Apartment Community Referral	Employer Referral	Personal Referral	Website
Flyer	Rental Guide	Craigslist	
Other:			
I authorize the verification of the information provided on this form as to my credit and employment. I authorize EZ Furniture Rental to contact my emergency contact as necessary. I hereby certify that I am eighteen years of age or older. I have received a copy of this application.			
Printed Name:			
Signature of applicant:			Date:

EZ Furniture Rental  
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