

CML Holdings, LLC
PO Box 15516
Savannah, GA 31416
912-355-0286

RESIDENTIAL RENTAL APPLICATION

Name of Applicant _____ Telephone _____

Present Address _____

City, State, Zip _____

SSN _____ Driver's License Number _____

Birthdate _____

Duration at last address _____

Name of Landlord _____ Telephone _____

Prior Landlord _____ Telephone _____

Employer _____ Telephone _____

Position _____ Length of Employment _____

Salary _____

Personal References:

#1 _____

#2 _____

#3 _____

I represent that the information provided in this application is true to the best of my knowledge. You are hereby authorized to verify my credit and employment references in connection with the processing of this application.

Date _____

Signed _____