KAMAP RENTAL APPLICATION

PLEASE PRINT CLEARLY. This application can be used for any KAMAP properties.

Name						
PRINT E-Mail (very clearly please)						
Primary Contact Phone #			UCS	B S	ВСС	OTHER
Date of Birth (m)(day)	(year)	Social	Security #:			
What is your Permanent HOME ADDRE	SS?					
City	State	_Zip Code		Phone ‡	# ()	
What is your CURRENT ADDRESS (If yo	ur in the dorm	ns – just list "d	orms"			
Date you moved into this residenceAre you on the lease? [yes] [no]] [no]
VEHICLE INFO (If applicable) Make	Mod	del	_Year	_Color	License P	late #
A completed application does (signed by all parties including application, I authorize verification of the report and agree to furnish additional critical applications.)	ng Kamap he above info	o) will gua ormation incl	ranty a	n apartn	ient. Upon	Submitting this
APPLICANTS SIGNATURE					DATE	

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