



# L7 LOGIC

## PRODUCTIVITY MANAGEMENT LLC

### CONTACT INFORMATION

**Primary Applicant Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Adult Occupants (Over 18 years): \_\_\_\_\_ Number of Minor Children: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Occupancy: \_\_\_\_\_ Years \_\_\_\_\_ Months Notice to Vacate Given? Yes No

**Name of Spouse/Co-Applicant:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Occupancy: \_\_\_\_\_ Years \_\_\_\_\_ Months Notice to Vacate Given? Yes No

### AUTOMOBILE

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State of Insurance Issuance: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State of Insurance Issuance: \_\_\_\_\_

### PROVIDE THE LAST TWO YEARS PROPERTY INFORMATION

Primary Previous Address: \_\_\_\_\_  
How long did you reside there? \_\_\_\_\_ Years \_\_\_\_\_ Months Notice to Vacate Given? Yes No  
Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Co-Applicant Previous Address: \_\_\_\_\_  
How long did you reside there? \_\_\_\_\_ Years \_\_\_\_\_ Months Notice to Vacate Given? Yes No  
Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

### EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_  
Current Direct Supervisor Name: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

Co-Applicant Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_  
Current Direct Supervisor Name: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

FORM CONTINUES ON NEXT PAGE...

**EMPLOYMENT HISTORY (CONTINUED)**

Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_

Previous Direct Supervisor Name: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

Co-Applicant Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_

Previous Direct Supervisor Name: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

**REFERENCES**

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been convicted of a felony in the past five (5) years?      Yes    No      Co-Applicant:      Yes    No

If yes, please explain:

Have you filed for bankruptcy in the past two (2) years?      Yes    No      Co-Applicant:      Yes    No

If yes, please explain:

Applicant Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Applicant(s) certify that the above statements are true and complete. Applicant(s) hereby authorize verification of said information and references. Applicant(s) acknowledge that false information contained herein constitutes grounds for rejection of this application. Applicant(s) have received and accepts the attached qualifying criteria and rental instructions.