

**FORM  
ROOM RENTAL APPLICATION.**

DATE	DD	MM	YY	CITY		COUNTRY	
TIME REQUESTED (IN MONTHS)							
CONTRACT START DATE				CONTRACT TERMINATION DATE			
FROM	DD	MM	AA	TO	DD	MM	YY

**TENANT'S PERSONAL INFORMATION**

FULL NAME :							
GENDER:		DATE OF BIRTH:		AGE:	PLACE OF BIRTH:	NATIONALITY:	
MALE   FEMALE   OTHER		DD	MM	YY			
TYPE OF IDENTIFICATION			NUMBER		FECHA DE EXPEDICION:	LUGAR DE EXPEDICION:	
C.C.	PASP.	Other.					
CURRENT RESIDENTIAL ADDRESS:			CITY:		EMAIL:		
CELPHONE:	CURRENT UNIVERSIRTY		CAREER OR PROFESSION				
Nº SEMESTERS:	Doyouwork:		Y	N	COMPANY YOU WORKAT POSITION		
"DO YOU SUFFER FROM ANY SYMPTOM, SIGN, DISORDER, OR ILLNESS THAT WE SHOULD KNOWABOUT?"					Y	N	WHICH:
DoYouSmoke	Y	N	DoYouDrink	Y	N	OTHER	Y N

**INFORMATION ABOUT THE SOLIDARY DEBTOR**

FULL NAME:							
TYPE OF IDENTIFICATION			NUMBER:		EXPEDITION DATE	PLACE OF EXP	
C.C.	PASP.	OTHER.					
CURRENT RESIDENTIAL ADDRESS				CITY	EMAIL		
CELPHONE	PROFESSION		POSITION				
COMPANY				RELATIONSHIP TO THE APPLICANT			

**IN CASE OF EMERGENCY CONTACT**

FULL NAME				PHONE NUMBER			
APPLICANT SIGNATURE				SOLIDARY DEBTOR SIGNATURE			

**LESSOR INFORMATION**

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