



Application Form

All information is required. Applications will be denied if fields are left empty.

APPLICANT 1 (PRIMARY)				
Application Attachments:	Copy of Pay Stub	☐ Current Landlord Refere	ence Prior Landlord Reference	
If you don't have a Landlord:	Copy of Pay Stub	Personal Reference	☐ Employer Reference	
		D (D)		
Name:		Date of Birth:		
Home Address:				
Mailing Address:				
Photo ID: License Number:		Or Passport Numb	er:	
Status: Bermudian Spouse of a Bermudian Work Permit - Expiration Date:				
Mobile Number:		Home Number:		
Email:				
☐ I acknowledge that WEDCO recognizes this email address as the primary address and will use it for all communications.				
EMPLOYMENT INFORMAT	ION			
Present Employer:		Position:		
Business Number:		Length of Employm	nent: Years Months	
Employment Address:				
Salary: \$		Weekly Any Other Income	Source: Yes No	
Other Income Sources:				
Previous Employer:				
CURRENT RESIDENCE INFO	DRMATION			
Present Residence: Own	Rent - Monthly Rental A	mount: \$		
Present Landlord:		Relative	Agent \square Landlord	
Time at Present Residence:	Years	Months Landlord Contact N	Number:	
Reason for Leaving Residence:				

PREVIOUS RESIDENCE INFORMATION

Prior Landlord:	Relative Agent Landlord			
Contact Number:	Length of Residence: Years Months			
Reason for Leaving Residence:				
APPLICANT 2 (CO-APPLICANT)				
Application Attachments: ☐ Copy of Pay Stub	Current Landlord Reference Prior Landlord Reference			
If you don't have a Landlord: Copy of Pay Stub	Personal Reference Employer Reference			
Name:	Date of Birth:			
Home Address:				
Mailing Address:				
Photo ID: License Number:	Or Passport Number:			
Status: Bermudian Spouse of a Bermudian Work Permit - Expiration Date:				
Mobile Number:	Home Number:			
Email:				
EIIIMIII				
☐ I acknowledge that WEDCO will use the primary email address t				
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☐ I acknowledge that WEDCO will use the primary email address t	or all communications.			
☐ I acknowledge that WEDCO will use the primary email address to EMPLOYMENT INFORMATION	for all communications. Position:			
☐ I acknowledge that WEDCO will use the primary email address to the EMPLOYMENT INFORMATION Present Employer:	for all communications. Position: Length of Employment: Years Months			
☐ I acknowledge that WEDCO will use the primary email address to the prim	for all communications. Position: Length of Employment: Years Months			
☐ I acknowledge that WEDCO will use the primary email address the EMPLOYMENT INFORMATION Present Employer: Business Number: Employment Address:	For all communications. Position: Length of Employment: Years Months ekly Any Other Income Source: Yes No			
☐ I acknowledge that WEDCO will use the primary email address the EMPLOYMENT INFORMATION Present Employer: Business Number: Employment Address: Salary: \$	For all communications. Position: Length of Employment: Years Months ekly Any Other Income Source: Yes No			
☐ I acknowledge that WEDCO will use the primary email address the EMPLOYMENT INFORMATION Present Employer: Business Number: Employment Address: Salary: \$	For all communications. Position: Length of Employment: Years Months ekly Any Other Income Source: Yes No			
☐ I acknowledge that WEDCO will use the primary email address the EMPLOYMENT INFORMATION Present Employer: Business Number: Employment Address: Salary: \$	Position: Length of Employment: Years Months ekly Any Other Income Source: Yes No			
☐ I acknowledge that WEDCO will use the primary email address the EMPLOYMENT INFORMATION Present Employer: Business Number: Employment Address: Salary: \$	Position: Length of Employment: Years Months ekly Any Other Income Source: Yes No			
□ I acknowledge that WEDCO will use the primary email address the EMPLOYMENT INFORMATION Present Employer: Business Number: Employment Address: Salary: \$ □ Monthly □ We Other Income Sources: Previous Employer: CURRENT RESIDENCE INFORMATION Present Residence: □ Own □ Rent - Monthly Rental Amount	Position: Length of Employment: Years Months ekly Any Other Income Source: Yes No No Relative Agent Landlord			

PREVIOUS RESIDENCE INFORMATION Contact Number: _____ Length of Residence: ____ Years ____ Months Reason for Leaving Residence: RESIDENTIAL REQUEST Date Accommodation Required: Price Range: Minimum: \$ ______ Maximum: \$ _____ Number of Bedrooms: _____ Number of Bathrooms: ____ Number of Adults: ______ Number of Children (Under 18): _____ Do You Have Any Pets: Yes No Number and Type of Pets: _____ License Plate Number: __ Do You Own a Car: ____ License Plate Number: Do You Own a Bike: ___ Any Additional Vehicles: _____ License Plate Number: _____ License Plate Number: _____License Plate Number: ___

AUTHORIZATION

This application authorizes West End Development Corporation to obtain references. All information provided is held in the strictest confidence. I agree that the information submitted is correct and give West End Development Corporation permission to verify all information submitted.

Signature:	Date:
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