



Property Management & Development Corporation

100 ROXAS RESIDENCES - TENANT APPLICATION FORM

A. REQUIREMENTS

REQUIREMENTS:

◇ 2PCS. 2X2 PICTURE

◇ PHOTOCOPY: VALID ID OF PARENT/S OR GUARDIAN (if applicable)

◇ PHOTOCOPY: VALID ID OF TENANT

**2 X 2
ID PICTURE**

B. PERSONAL INFORMATION

1. NAME [FAMILY NAME, GIVEN NAME, MIDDLE NAME]				2. NICKNAME		3. NATIONALITY	
4. DATE OF BIRTH		5. AGE		6. PLACE OF BIRTH		7. RELIGION	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR					
8. SEX		9. CIVIL STATUS		10. CELL PHONE NUMBER/S		11. LANDLINE NO./FAX	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED				
12. TAX IDENTIFICATION NO. (TIN)				13. SSS/GSIS No.			
14. PRESENT ADDRESS							
15. PERMANENT ADDRESS (Please fill out if different from Present Address)							
16. MAILING ADDRESS				17. EMAIL ADDRESS			
15. SECONDARY SCHOOL (HIGHSCHOOL) NAME OF SCHOOL/ADDRESS							
16. COLLEGE/UNIVERSITY				17. COURSE		18. YEAR	

C. FAMILY BACKGROUND

19. FATHER'S NAME [FAMILY NAME, GIVEN NAME, MIDDLE NAME]				20. OCCUPATION			
21. OFFICE/BUSINESS ADDRESS							
22. OFFICE/BUSINESS LANDLINE NOS.				23. CELL PHONE NUMBERS		24. EMAIL ADDRESS	
25. MOTHER'S NAME [FAMILY NAME, GIVEN NAME, MIDDLE NAME]				26. OCCUPATION			
27. OFFICE/BUSINESS ADDRESS							
28. OFFICE/BUSINESS LANDLINE NOS.				29. CELL PHONE NUMBERS		30. EMAIL ADDRESS	

C. GUARDIAN (NEAREST RELATIVE IN DAVAO CITY)

31. NAME [FAMILY NAME, GIVEN NAME, MIDDLE NAME]	32. RELATION TO THE APPLICANT	33. AGE
34. HOME/OFFICE/BUSINESS ADDRESS		35. EMAIL ADDRESS
36. OFFICE/BUSINESS LANDLINE NOS.	37. LANDLINE	38. OCCUPATION

D. PERSON TO CALL IN CASE OF EMERGENCY

39. NAME [FAMILY NAME, GIVEN NAME, MIDDLE NAME]	40. CONTACT NUMBERS
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E. At the end of the contract to whom should the cheque be made payable? (Refund of Security Deposit)

41. NAME: _____ 42. CONTACT NUMBER/S _____

I hereby certify that all information written above are true and correct to the best of my knowledge.
I agree to abide by all rules and regulations of the 100 ROXAS AVENUE RESIDENCES.

SIGNATURE OVER PRINTED NAME/DATE
TENANT

SIGNATURE OVER PRINTED NAME/DATE
PARENT OR GUARDIAN

By signing this form, I/we hereby certify that all information provided herein is true and accurate to the best of my/our knowledge. I/we hereto agree to notify LCI Property Management and Development Inc. in writing of any change in the information supplied in this form.

FOR LCI PROPERTY MANAGEMENT AND DEVELOPMENT INC. USE ONLY

Interview conducted by:	Verified by and approved by:	Remarks:
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