



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**APPLICATION FOR
MONTH-TO-MONTH
RENTAL AGREEMENT**

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Name(s): _____

Home Phone: _____ Work Phone: _____

Present Address: _____

Names of Additional Occupants: _____

Occupation: _____ How Long in Present Position: _____

Name & Address of Employer: _____

AK Driver's License No. _____ SS#: _____

Credit References:

Name Street Address City, State, Zip

Name Street Address City, State, Zip

Landlords within past three years:

How Long? Name Street Address City, State, Zip

Prior to occupancy, Tenant(s) agree(s) to apply for and make any required utility deposits.

Pets are permitted are not permitted.

Pets: _____

THE ABOVE IS, TO THE BEST OF MY/OUR KNOWLEDGE, TRUE AND ACCURATE.

Date _____

Tenant's Signature _____

Date _____

Tenant's Signature _____