

Please fill out in Japanese or English 日本語もしくは英語でご記入をお願いいたします

**■家主ダイレクト
■ベーシックプラン**

**Guarantee Application Form
For individuals**

保証委託申込書(個人用)

Desired time for confirming the identity of applicant (1) 9:00 to 12:00 (2) 12:00 to 15:00 (3) 15:00 to 18:00
*We may phone the applicant at a time other than the desired time.
*Phone call may be omitted, depending on the examination.

Application date 2 0 Y M D

Planned move-in date 2 0 Y M D

Applicant entry sections

Applicant must obtain the prior consent of its emergency contact that their personal information is treated pursuant to schedule titled "Personal Information Treatment Regulations" and also have them personally agree to the treatment. Applicant makes an application by providing signature on this document.

Full name (autograph) Reading in Japanese Date of birth Y M D Age Male Female Spousal status Married Unmarried Nationality Home phone Cell phone Current address Zip code Reason to relocate transfer job change admission to school marriage becoming independent second house environment other () Profession regular worker contract (quasi) worker part-timer or temp staff unemployed student public assistance recipient pensioner self-employed other () Name of employer Reading in Japanese Employer phone number Zip code Address of employer *For students, name of part-time employer Type of business Section Monthly income ,000 yen Years of service years months Tenants applicant only applicant & co-dweller person other than applicant *If all tenant information cannot be filled into the following entry columns, use another form to enter names of other tenants. Full name Reading in Japanese Sex Relation Date of birth Y M D Age Male Female Male Female

Emergency contact

Full name Reading in Japanese Fixed-line phone Cell phone Male Female Relation parent brother or sister relative other () Nationality Date of birth Y M D Age Address Zip code

If the applicant is a foreign national, also fill out the following columns.

Emergency contact in your home country Enter name of applicant's parent or brother or sister (second-degree relative) from home country. We may phone the emergency contact to identify the applicant in our examination.

Full name Reading in Japanese Fixed-line phone Cell phone Male Female Relation parent brother or sister other () Nationality Date of birth Y M D Age Address

通信欄

取扱会社様ご記入欄

使用用途 居住用 事業用 (SOHO・店舗・事務所・倉庫等) 事業内容 () ①家賃 円 ②共益費 円 ③駐車場 円 ④その他固定費 円 合計 ①+②+③+④ 円 プラン選択 家主ダイレクト (口座振替) ベーシックプラン 敷金 円 礼金 円

■管理会社(元付) ※支店名もご記入ください。 ■仲介会社(客付) ※支店名もご記入ください。

社名 住所 担当 TEL FAX 審査結果送付先 管理会社 仲介会社

※チェックがない場合は、管理会社へ結果を送付させていただきます。

株式会社 Casa 審査課
FAX 0800-888-1515

<お申込に関する問合せ> TEL: 03-5339-1049

[Precautions]
- Entries must be made in thick, clear lettering by the applicant(s) themselves. Unclear letters and omissions of entries will result in an extended examination time.
- The Examination Section (03-5339-1049) may call the applicant to confirm entries.

- If you wish to cancel your application after submission, please contact the Casa office.
- Casa may check with your employer regarding your employment, or call your emergency contact for information.