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.

Application date: 20 Y M D

Planned move-in date: 20 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 / Male Female / Date of birth Y M D Age / 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 / *For students, name of part-time employer: Reading in Japanese / Employer phone number - - / Address of employer: Zip code -
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. Total

Full name	Reading in Japanese	Sex	Relation	Date of birth
		Male Female		Y M D Age
		Male Female		Y M D Age

Emergency contact

Full name / Reading in Japanese / Male Female / Fixed-line phone - - / Cell Phone - -

Date of birth Y M D Age / Relation: ☐ parent ☐ brother or sister ☐ relative ☐ other (　) / Nationality

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 / Male Female / Fixed-line phone / Cell phone

Date of birth Y M D Age / Relation: ☐ parent ☐ brother or sister ☐ other (　) / Nationality

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 (　)

物件名　号室

物件住所: 〒 -　都道府県

敷金　円　礼金　円

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

■管理会社（元付）※支店名もご記入ください。

社名 株式会社ウイルソン不動産
住所 大阪市北区中崎1-2-24-1007　担当 ウイルソン
TEL 06-6136-7270
FAX 06-6136-8134

■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。

CS202103

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

PC、スマホから
簡単・安心 データ転送
https://casa-yd.jp/em/

[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.