

Application for Residency

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend greatly on your references. Only responsible people who pay rent on time need apply.

HOW DID YOU FIND OUT ABOUT US?			
<input type="checkbox"/> NEWSPAPER _____		<input type="checkbox"/> FRIEND _____	
<input type="checkbox"/> ONLINE _____			
DATE OF DESIRED OCCUPANCY _____			
YOUR PERSONAL INFORMATION			
FULL NAME _____			
PHONE _____	WORK PHONE _____	E MAIL _____	
SOCIAL SECURITY # _____	DRIVER'S LICENSE # _____	STATE OF ISSUANCE _____	
DATE OF BIRTH _____	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	GENDER _____	
PRESENT ADDRESS _____	CITY _____	STATE _____	ZIP _____
IF RENTING, APARTMENT COMPLEX/LOCATION _____			
HOW LONG? _____		CURRENT RENT \$ _____	
LANDLORD/MANAGER _____			
PHONE _____	EMAIL _____		
WHY ARE YOU LEAVING? _____			
PREVIOUS ADDRESS _____	CITY _____	STATE _____	ZIP _____
IF RENTING, APARTMENT COMPLEX/LOCATION _____			
HOW LONG? _____		RENT PAYMENT \$ _____	
LANDLORD/MANAGER _____			
PHONE _____	EMAIL _____		
WHY ARE YOU LEAVING? _____			
PRESENT EMPLOYER _____	POSITION _____	HOW LONG? _____	
ADDRESS _____		PHONE _____	
GROSS MONTHLY INCOME BEFORE DEDUCTIONS \$ _____	OTHER INCOME \$ _____	SOURCE _____	
FORMER EMPLOYER _____	POSITION _____	HOW LONG? _____	
ADDRESS _____		PHONE _____	
WHY DID YOU LEAVE? _____			



PERSONAL HISTORY

HAVE YOU EVER BEEN EVICTED? YES NO IF YES, EXPLAIN:

HAVE YOU EVER HAD A FORECLOSURE / REPOSSESSION? YES NO IF YES, EXPLAIN:

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF YES, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A TRAFFIC VIOLATION? YES NO IF YES, EXPLAIN:

PERSONAL REFERENCES

(List 4 persons, other than your relatives, that we may contact to verify your character)

NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP

EMERGENCY

(In an emergency, you may contact: - List 2, starting with nearest relative first)

NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP

OTHER PERSONS WHO WILL LIVE IN THE DWELLING UNIT, INCLUDE CHILDREN

NAME	DOB	NAME	DOB
NAME	DOB	NAME	DOB

PETS

NAME	TYPE	WEIGHT	NAME	TYPE	WEIGHT
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NOTE: No pets are allowed at any time on the premises without prior Management consent.



MOTOR VEHICLES

(List all motor vehicles, including recreational vehicles to be kept on the property)

MAKE	COLOR	MODEL	YEAR	LICENSE PLATE	STATE

AUTHORIZATION

I declare that this application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

APPLICANT'S SIGNATURE	DATE
CO-APPLICANT'S SIGNATURE	DATE

DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE COMPLETED BY MANAGEMENT

COMMUNITY:		
CREDIT REPORT: FAVORABLE <input type="checkbox"/> UNFAVORABLE <input type="checkbox"/>		
OTHER COMMENTS:		
DEPOSIT	OPTION	MONTHLY RENT
TERM OF LEASE IN MONTHS	MOVE IN DATE	LEASE EXPIRES
TOTAL NUMBER OF OCCUPANTS	NUMBER OF KEYS	SEPARATE PET DEPOSIT (IF ANY)
UTILITIES TO BE PAID BY TENANTS: GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/>		
TRASH PICK UP (IF APPLICABLE)		

