



APPLICATION FOR RESIDENCY
(Montgomery County Form)

Date: _____

Apartment # _____

Personal Information: _____ Responsible Resident _____ Guarantor [] Primary Applicant

First Name _____ Middle Initial _____ Last Name _____

Last Name Suffix (Jr., Sr., etc.) _____ Former Last Name (maiden, married) _____

Social Security Number _____ Date of Birth _____

No SSN, are you in the U.S. on a Visa? _____ Yes _____ No Marital Status (optional) _____

Visa Number _____ Exp. Date _____

Driver's License No. _____ Driver's License State _____

Occupant Information: (persons under 18 years of age) [] same as Primary Applicant

Name & SSN _____ Date of Birth _____ Relationship _____

Name & SSN _____ Date of Birth _____ Relationship _____

Name & SSN _____ Date of Birth _____ Relationship _____

Name & SSN _____ Date of Birth _____ Relationship _____

Residence Information: [] same as Primary Applicant

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Country _____ Phone (____) _____ Email Address _____

Name of Apartment Community or Mortgage Co. _____

Type (circle one) Rent Own Other _____ Dates of Residency: From _____ To _____

Contact Name _____ Contact Phone _____

Monthly Payment _____ Reason For Moving _____

Have you ever been evicted or asked to move out? _____ Yes _____ No If Yes, Explain _____

Employment Information/Additional Income:

Current Employer(as of move-in date) _____ Position _____

Industry _____ Annual Income _____

Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Name of Supervisor _____ Phone _____ Dates of Employment: From _____ To _____

If there are other sources of income you would like us to consider, please list source and income amount. Sources of Additional Income _____

Amount of Additional Annual Income (\$) _____

Note: After the application is processed, this entire page will be securely shredded except when prohibited by law.

Date: _____

Apartment # _____

Personal Information: _____ **Responsible Resident** _____ **Guarantor** [] **Primary Applicant**

First Name _____ Middle Initial _____ Last Name _____ Password (for lockout purposes): _____

Emergency Information: _____ Relationship _____

First Name (*not an occupant*) _____ Middle Initial _____ Last Name _____

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Type (circle one) Cell Home Work Allow Key Access _____ Yes _____ No

Vehicle Information: [] same as primary applicant

Your Vehicle Make/Model _____ Year _____ Color _____ License Plate No. _____ State _____

Second Vehicle Make/Model _____ Year _____ Color _____ License Plate No. _____ State _____

Other Vehicles: _____

AvalonBay Communities cannot guarantee parking for all of the above listed vehicles.

Pet Information: [] same as primary applicant

Do You Own Any Pets? _____ Yes _____ No Do You Have Any Service Animals? _____ Yes _____ No

If Yes, How Many? _____ Type _____ Breed _____ Color _____ Weight _____ Name _____ Age _____

Conviction Information:

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct?

_____ Yes _____ No If yes, When _____ What State _____ Explain: _____

In connection with this Application for apartment home no. _____ located at _____ (the "Apartment Home"), the undersigned ("you" or "your") hereby deposits with AvalonBay Communities, Inc. ("we", "us", or "our") the sum of \$25.00 (the "Application Fee"). The Application Fee is a non-refundable application fee for processing this Application and will not be refunded to you.

If we put you on a waiting list for an Apartment Home, you will not be obligated to sign a Lease until we advise you (in writing, in person or by telephone) that an Apartment Home is available, and you accept the Apartment Home. You will have 24 hours after you are notified by us to accept or reject the Apartment Home, which you may do in writing, in person or by telephone. If you accept the Apartment Home, you will have 24 hours to pay all associated deposits and you must sign a lease within ten (10) days or your rights to lease the Apartment Home will terminate. If you do not timely notify us of your acceptance of the Apartment Home, we will thereafter have no obligation to lease the Apartment Home to you.

If we approve this Application, we will ask that you execute the Lease (if you have not already done so). If, however, you decide prior to executing the Lease that, notwithstanding this Application, and our approval, you no longer wish to proceed with the Lease, you must so notify us in writing (the "Termination Notice"). To be effective, the Termination Notice must be delivered by you during regular business hours to one of our representatives at the leasing office where the Apartment Home is located.

In all events, if you have not executed and returned the Lease to us within fifteen (15) days after this Application is signed by you, we will assume that you are not interested in proceeding, the Apartment Home will no longer be reserved for you.

By accepting the Application Fee from you, we are not obligated to approve this Application or rent the Apartment Home to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment Home have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment Home will sign the Lease at the time required by us.

Revised 12/2007



You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment Home to you. You understand that should you enter into the Lease for the Apartment Home, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

By signing this Application, you certify that all information contained in this Application is true, correct and complete.

AGENCY DISCLOSURE (applicable for Virginia and Minnesota applicants only)

AvalonBay Communities, Inc. ("Manager"), and its leasing agents have been retained by the owner of the community in which your apartment is located as its representative for management and leasing services. Manager owes fiduciary duties such as loyalty and faithfulness to the owner. As our customer, we want you to understand that an agency relationship exists between Manager and the owner. Under applicable law, prompt disclosure in writing of agency relationships to all actual and prospective parties to a transaction at the earliest practical time is encouraged and/or required. Each party should carefully read all documents pertaining to any real estate transaction. Should you have any questions, please let us know and we will gladly answer them. By signing this application, each of the undersigned acknowledges that he or she has read and received a copy of this Agency Disclosure.

It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, or any other basis that may be protected under applicable state or local law.

_____/_____/_____
 Signature of Applicant Date

_____/_____/_____
 Signature of Management Date

FOR OFFICE USE ONLY:	
<u>Summary Of Monthly Rent/Charges:</u>	<u>Summary Of Non-Recurring Rent/Charges:</u>
Base Rent _____	Common Area/Amenities (Rent/Charge) _____
Pet Rent/Charge _____	
Parking Rent/Charge _____	<u>Summary Of Deposits:</u>
Storage Rent/Charge _____	Security Deposit _____
Appliance Rent/Charge _____	Pet Deposit _____
CAH Rent/Charge _____	
Trash Removal _____	<u>Term:</u>
Other _____	Lease Begin Date _____
Total Rent/Charges _____	Lease End Date _____
First Month Proration _____	Move-In Date _____
Applicant Cancellation Reason _____	Cancellation Date _____
Approved/Declined By _____	Approval/Declined Date _____

