

APPLICATION FOR RESIDENCY

FOR OFFICE USE ONLY

DATE STAMP: _____

APPLICANT # _____

APT# _____ APT TYPE _____

MONTHLY RENT _____ SECURITY DEP _____

M/I PRORATE _____ CONCESSION AMT _____

LEASE START DATE: _____

Date of Application: _____
(Each co-resident must submit separate application)

TO BE FILLED OUT BY APPLICANT

SET ASIDE _____% HOME () N ()

PERSONAL INFORMATION

Applicants Name: _____ Date of Birth: _____

Social Security No. _____ Drivers License No. _____ St. _____

Spouse's Name: _____ Date of Birth: _____

Social Security No. _____ Drivers License No. _____ St. _____

OTHER OCCUPANTS:

Name: _____ DOB: _____ Soc Sec #: _____ Relationship: _____

Name: _____ DOB: _____ Soc Sec #: _____ Relationship: _____

Name: _____ DOB: _____ Soc Sec #: _____ Relationship: _____

Name: _____ DOB: _____ Soc Sec #: _____ Relationship: _____

Name: _____ DOB: _____ Soc Sec #: _____ Relationship: _____

Name: _____ DOB: _____ Soc Sec #: _____ Relationship: _____

Do you own any pets? Yes () No () weight _____ height _____

PRESENT RESIDENT INFORMATION

Current Address: _____ Apt # _____ City _____ St _____ Zip _____

Home Telephone: _____ Date: To _____ From: _____

Present Landlord _____ Complex Name: _____

Phone: _____ Monthly Payment _____

Do you own a home? _____ Mortgage Co./Loan _____ Phone # _____

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? Yes () No ()

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES Yes () No ()

PREVIOUS RESIDENT INFORMATION

Previous Address: _____ City _____ St _____ Zip _____

Name of Previous Landlord: _____ Phone # _____

EMPLOYMENT INFORMATION

Present Employer: _____ Position: _____

Business address: _____ Phone # _____

Supervisor: _____ Employed Since: _____ Gross Weekly Salary _____

Spouse's Employer: _____ Position: _____

Business address: _____ Phone # _____

Supervisor: _____ Employed Since: _____ Gross Weekly Salary _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone# _____

OTHER SOURCE OF INCOME

Other Income: Examples: Welfare, Social Security, S.S.I., Pensions, Disability, Compensation, Unemployment Compensation, Interest Income, Baby Sitting, Care taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserve, Scholarships and/or Grants.

Household Member	Source of Income	Annual Amount
_____	_____	_____
_____	_____	_____

ASSETS

Checking Account(s):

Bank: _____ Acct. #: _____

Bank: _____ Acct. #: _____

Savings Account(s):

Bank: _____ Acct. #: _____

Bank: _____ Acct. #: _____

Credit Union Shares:

Credit Union Name: _____ Credit Union Address: _____

Stock/Bonds (Value): \$ _____

Life Insurance Policies: Term Policy? _____ Policy # _____ Company: _____

Agent: _____ Phone #: _____ Any cash value? _____ Amt. _____

Do you own real estate? YES / NO If yes, what is present value?: _____

CREDIT

Company: _____ Acct/ # _____ Company: _____ Acct. # _____

VEHICLE

Year & Make: _____ Color: _____ License No. & State: _____

Year & Make: _____ Color: _____ License No. & State: _____

Applicant hereby authorizes by his/her signature below verification of any and all information set forth on this application, including release of information by any bank or credit institution, employer (present and former) or background processing agency. **APPLICANT REPRESENTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE.** Material misrepresentations on this application will constitute a default and the acceptance or rejection of applicant shall remain within the sole of discretion of Management.

APPLICATION PROCESSING CHARGE: Applicant has submitted the sum of \$ 35.63 (money order only) which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between the parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

SECURITY DEPOSIT: I hereby deposit the sum of \$ 50.00 with Management as a good faith deposit in connection with this rental application. It is understood and agreed that in the event this application is rejected by Management, then the said sum so received as security deposit shall be returned to applicant without interest within 48 hours/days. It is further understood that in the event that this application is approved, then said amount received shall be applied towards payment on behalf of the full security deposit of \$50.00. I understand that I may cancel this application within 48 hours after approval and receive a full refund if thus security deposit within 30 days of cancellation. If I may cancel after 48 hours or refuse to enter into a lease on the agreed upon date for a stated apartment, then the sum deposited shall be retained by Management to serve as liquidation damages it will suffer by reason of my failure to enter into residency.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

Leasing Agent _____ Date _____

