

# APPLICATION FOR RESIDENCY

Property: \_\_\_\_\_

**Notice: A separate application must be filled out for each adult in the apartment, except in the case of husband/wife. If any error occurs on application, Please put one line through it, make correction, initial and date it.**

PERSONAL	NAME _____ FULL TIME STUDENT YES NO							
	BIRTHDATE: _____		SS# _____		DRIVERS LICENSE # _____			
	PRESENT ADDRESS _____			CITY _____		STATE _____ ZIP _____		
	HOME PHONE _____				HOW LONG AT PRESENT ADDRESS? _____			
	<b>SHOW ALL OTHER PERSONS TO OCCUPY APARTMENT (INCLUDING ABSENT)</b>							
		NAME	RELATIONSHIP	M / F	S.S.#	D.L. #	D.O.B.	FULL TIME STUDENT
	(2)							Y N
	(3)							Y N
	(4)							Y N
	(5)							Y N
(6)							Y N	
(7)							Y N	
(8)							Y N	
HAVE YOU OR CO-APPLICANT EVER BEEN PLACED ON PROBATION OR CONVICTED OF A FELONY OR MISDEMEANOR?							YES NO	
DO YOU HAVE ANY PETS?				YES			NO	
HAVE YOU EVER BEEN EVICTED OR ASKED TO VACATE?				YES			NO	
WILL YOUR HOUSEHOLD BE RECEIVING RENTAL ASSISTANCE?				YES			NO	
EMERGENCY CONTACT: _____				PHONE NUMBER: _____				

PREVIOUS RESIDENCY	CURRENT LANDLORD _____		CITY _____		PHONE _____		
	REASON FOR MOVING _____				AMOUNT OF RENT \$ _____		
	PREVIOUS ADDRESS _____			CITY _____		STATE _____ ZIP _____	
	PREVIOUS LANDLORD _____			CITY _____		PHONE _____ LENGTH _____	

EMPLOYMENT	<b>List all full-time or part-time employment, including self-employment for ALL household members and the anticipated income from each source of employment for the next 12-month period.</b>						
	APPLICANT'S EMPLOYER _____ PHONE _____						
	ADDRESS _____		CITY _____		STATE _____		ZIP _____
	POSITION _____			GROSS ANNUAL SALARY \$ _____		HOW LONG _____	
	IMMEDIATE SUPERVISOR _____						
	PREVIOUS EMPLOYER _____		SUPERVISOR _____		LENGTH _____		PHONE _____
	CO-APPLICANTS EMPLOYER _____ PHONE _____						
	ADDRESS _____		CITY _____		STATE _____		ZIP _____
	POSITION _____			GROSS ANNUAL SALARY \$ _____		HOW LONG _____	
	IMMEDIATE SUPERVISOR _____						
PREVIOUS EMPLOYER _____		SUPERVISOR _____		LENGTH _____		PHONE _____	

OTHER INCOME	<b>Other Income:</b> List all other types of income for <b>ALL</b> household members, such as alimony, child support, Social Security, pensions, disability compensation, unemployment compensation, welfare, SSI, recurring monetary assistance, contributions, or gifts regularly received. <b>Do not include</b> reimbursed medical expenses, foster care child payments, income from the employment of children under the age of 18, inheritance, or scholarships.		
	PERSON RECEIVING	TYPE OF INCOME	GROSS MONTHLY AMOUNT
		Social Security or SSI	\$ _____
		Public Assistance	\$ _____
		Pensions or Annuities	\$ _____
		Alimony Child Support	\$ _____
		Interest / Dividends	\$ _____
		Other (type) _____	\$ _____

ASSETS	List the amount of money <b>YOU</b> and/or <b>ANY HOUSEHOLD MEMBER</b> have in checking and/or savings accounts at a bank, savings and loan, or credit union. For checking accounts, list the six-month average balance.					
	NAME	BANK / CREDIT UNION	STREET ADDRESS CITY/STATE	ACCOUNT #	CURRENT BALANCE	INTEREST INCOME
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
Does <b>ANY HOUSEHOLD MEMBER</b> own any assets; i.e., stocks, bonds, real estate or other form of capital investments, boats, RV's, or autos other than your personal car? YES NO (If YES, list the household member's name and describe the asset. Include any asset disposed of in the past two years.)						
NAME	TYPE OF ASSET	CASH VALUE OF ASSET (LESS ANY MORTGAGE)	ANNUAL INCOME FROM ASSET			
		\$ _____				
		\$ _____				

Applicant(s) represent that all above information is true and complete and authorize the verification of it through the credit bureau and/or other appropriate means. Applicant(s) understand that the above information given herein may constitute grounds for rejection of this application. The total credit check charge required is \$ \_\_\_\_\_. This amount has been paid upon signing the application and is nonrefundable. This application is for information only and does not obligate landlord to execute a lease or deliver possession of the proposed resident(s). I (we) the applicant(s) have read and agreed to all provisions of this application and represent the information to be true. I understand that if I gave any false information the Landlord could terminate any lease at any time. Furthermore, I understand that an investigative consumer report including information about my character, general reputation, personal characteristics, mode of living and all public record information including criminal records may be made.

SIGNATURE OF APPLICANT(S)

X \_\_\_\_\_

X \_\_\_\_\_

Application Taken By \_\_\_\_\_ Date of Application \_\_\_\_\_

Date of Application \_\_\_\_\_

