

APPLICATION FOR RESIDENCY

| | | | |
|-------------------|-----|-----|--|
| PERSONAL | | | |
| APPLICANT NAME | AGE | DOB | SS# |
| | | | APPLICANT MARITAL STATUS |
| | | | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED |
| | | | <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED |
| | | | <input type="checkbox"/> SEPARATED |
| CO-APPLICANT NAME | AGE | DOB | SS# |

| | | | | | | | | | |
|--|---|---------|-------|------|-------|-------|-------|---------------------|--|
| RESIDENTIAL - List 3 year history. If additional space is needed, attach separate page. | | | | | | | | HOME PHONE # | |
| 1 | PRESENT ADDRESS <input type="checkbox"/> APARTMENT <input type="checkbox"/> LEASED HOME <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER | | | | | | | | |
| | STREET ADDRESS | | APT.# | CITY | | STATE | ZIP | HOW LONG | |
| LANDLORD/MORTGAGEE NAME | | ADDRESS | | CITY | STATE | ZIP | PHONE | | |
| 2 | PREVIOUS ADDRESS <input type="checkbox"/> APARTMENT <input type="checkbox"/> LEASED HOME <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER | | | | | | | | |
| | STREET ADDRESS | | APT.# | CITY | | STATE | ZIP | HOW LONG | |
| LANDLORD/MORTGAGEE NAME | | ADDRESS | | CITY | STATE | ZIP | PHONE | | |
| 3 | PREVIOUS ADDRESS <input type="checkbox"/> APARTMENT <input type="checkbox"/> LEASED HOME <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER | | | | | | | | |
| | STREET ADDRESS | | APT.# | CITY | | STATE | ZIP | HOW LONG | |
| LANDLORD/MORTGAGEE NAME | | ADDRESS | | CITY | STATE | ZIP | PHONE | | |

OTHER OCCUPANTS: NAME, AGE, DATE OF BIRTH, AND RELATIONSHIP

All others who will occupy the dwelling:

Legal Name _____ Age _____ D.O.B. ____/____/____ Sex _____ Relationship _____

Legal Name _____ Age _____ D.O.B. ____/____/____ Sex _____ Relationship _____

Legal Name _____ Age _____ D.O.B. ____/____/____ Sex _____ Relationship _____

| | | | | | | | | | | |
|----------------------------|----------------------------------|-------|---|--|--------------------|---------|--|--------------------------------|-------------------|--|
| EMPLOYMENT / INCOME | | | | | | | | | | |
| APPLICANT | NAME OF EMPLOYER | | | | ADDRESS (COMPLETE) | | | | EMPLOYMENT INCOME | |
| | HOW LONG | PHONE | POSITION HELD | | SUPERVISOR | | PREVIOUS EMPLOYER IF LESS THAN TWO YEARS | | | |
| | ANNUAL INCOME FROM OTHER SOURCES | | | | | | | | | |
| | SOCIAL SECURITY | | PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION | | | ALIMONY | | OTHER (LIST SOURCE AND AMOUNT) | | |
| CO-APPLICANT | NAME OF EMPLOYER | | | | ADDRESS (COMPLETE) | | | | EMPLOYMENT INCOME | |
| | HOW LONG | PHONE | POSITION HELD | | SUPERVISOR | | PREVIOUS EMPLOYER IF LESS THAN TWO YEARS | | | |
| | ANNUAL INCOME FROM OTHER SOURCES | | | | | | | | | |
| | SOCIAL SECURITY | | PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION | | | ALIMONY | | OTHER (LIST SOURCE AND AMOUNT) | | |

| | | | | | | | | | |
|---|------|-------|---|--------------|--------------------|--------|-------------|------------|----------------|
| MISCELLANEOUS INFORMATION | | | | | | | | | |
| MAKE | YEAR | COLOR | LICENSE | MAKE | YEAR | COLOR | LICENSE | | |
| OTHER: <input type="checkbox"/> BOAT <input type="checkbox"/> R.V. <input type="checkbox"/> CAMPER <input type="checkbox"/> TRAILER <input type="checkbox"/> MOTORCYCLE | | | LICENSE #'S / DESCRIPTION | | | | | | |
| IN CASE OF EMERGENCY NOTIFY | | | | RELATIONSHIP | ADDRESS (COMPLETE) | | | PHONE | |
| WATERBED if yes, (please list insurance company) | | | PETS if yes: (at full growth) | | HEIGHT | WEIGHT | DESCRIPTION | PET FEE(S) | PET DEPOSIT(S) |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO # Pets _____ | | | | | | |

I authorize you to obtain an investigate credit report in connection with this application as well as my landlords and previous employers. This report may include information as to my character/general reputation, personal characteristics and/or mode of living and credit standing. I understand I can request the name of the reporting agency providing this information _____ Initial _____ Initial

The sum of \$ _____ () cash, () check, is deposited. If this application shall be approved, I agree that the money deposited shall apply toward my security deposit in the amount of \$ _____, and that I will enter into a lease on your standard form. Should this application be cancelled by applicant after 72 hours, deposit will NOT be refunded. Refunds will be mailed from the home office within 30 days of written notice of cancellation. (A non-refundable application processing fee of \$ _____ will be charged the day the application is filled out.)

I understand that the rental rate quoted on this application is only guaranteed for a period of _____ days from the date of this application. I further understand that the apartment assigned to me can not be held past the anticipated move in date.

I have read this Application and I hereby state and represent that the information provided by me in this Application is complete and accurate, and I acknowledge and agree that in the event I enter in a lease with _____ Apartments that lease may be cancelled by Lessor in the event any of the information provided by me in this Application, or any other document furnished by me, is materially inaccurate or incomplete. I understand that the Rules and Regulations are adopted for the benefit of all tenants and proper operation of the property, and I agree that the tenancy will be subject to them.

I (we) _____, hereby apply to lease apartment located at _____ commencing _____, 20____, the monthly rental of \$ _____ which includes the following:

Basic Rent: \$ _____ Signature of Applicant _____

Pet Fee(s) \$ _____ Signature of Applicant _____

Other: \$ _____ PM or APM Signature _____

Other: \$ _____ Receipt # _____ Date Application received _____

