

Hunter's Pointe Application for Occupancy

Improving The Way We Live Since 1959

1. PERSONAL (please print) Email: _____ Mobile #: _____			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED			
APPLICANT		DAYTIME PHONE:			DATE OF BIRTH:	
SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:				
SPOUSE'S NAME		DAYTIME PHONE:			DATE OF BIRTH:	
SPOUSE'S SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:				
2. EMPLOYMENT (last 2 years)						
A PRESENT EMPLOYER				TELEPHONE:		
NAME:						
STREET ADDRESS:		CITY:		STATE ZIP		
HOW LONG EMPLOYED:	MONTHLY INCOME:	POSITION:	SUPERVISOR:			
B PREVIOUS EMPLOYER				TELEPHONE:		
NAME:						
STREET ADDRESS:		CITY:		STATE ZIP		
HOW LONG EMPLOYED:	MONTHLY INCOME:	POSITION:	SUPERVISOR:			
C SPOUSE'S CURRENT EMPLOYER				TELEPHONE:		
EMPLOYER NAME:						
STREET ADDRESS:		CITY:		STATE ZIP		
HOW LONG EMPLOYED:	MONTHLY INCOME:	POSITION:	SUPERVISOR:			
SOCIAL SECURITY AND PENSION BENEFITS:						
Have you ever been evicted?		If yes, explain:				
Have you ever filed for bankruptcy?			Date:			
Have you ever been arrested, pled guilty, been on probation or do you have any current charges pending against you?		If yes, explain and give date:				

3. RESIDENCE HISTORY				
A PRESENT ADDRESS:				
CITY:		STATE	ZIP:	LANDLORD'S TELEPHONE:
PRESENT LANDLORD <small>(if owned home, show mortgage company & loan number)</small>		HOW LONG:	MONTHLY RENT:	REASON FOR LEAVING:
B PREVIOUS ADDRESS:				
CITY:		STATE	ZIP:	LANDLORD'S TELEPHONE:
PREVIOUS LANDLORD <small>(if owned home, show mortgage company & loan number)</small>		HOW LONG:	MONTHLY RENT:	REASON FOR LEAVING:

4. CREDIT REFERENCES					
A CREDITOR NAME & ACCOUNT NUMBER:				PHONE:	
BANK NAME & ACCOUNT NUMBER:				PHONE:	
5. TRANSPORTATION					
A MAKE & MODEL OF AUTO:		YEAR:	COLOR:	B MAKE & MODEL OF AUTO:	
TAG NUMBER:		COUNTY:	STATE:	TAG NUMBER:	
				YEAR:	
				COLOR:	
DO YOU HAVE ANY RECREATIONAL VEHICLES, VANS, BOATS, MOTORCYCLES? (If so, please specify)					
6. OTHER OCCUPANTS					
NUMBER OF PERSONS WHO WILL OCCUPY APARTMENT:					
1. NAME:		RELATIONSHIP:		2. NAME:	
SEX:		DATE OF BIRTH:		RELATIONSHIP:	
3. NAME:		RELATIONSHIP:		SEX:	
SEX:		DATE OF BIRTH:		DATE OF BIRTH:	
4. NAME:		RELATIONSHIP:		SEX:	
SEX:		DATE OF BIRTH:		DATE OF BIRTH:	
7. ADDITIONAL INFORMATION					
DO YOU HAVE ANY PETS? IF SO, SPECIFY (type, breed, adult weight)					
DO YOU WANT CABLE?					
REFERRED TO HUNTER'S POINTE BY:					
IN CASE OF EMERGENCY, NOTIFY: (other than occupant)					
ADDRESS:				TELEPHONE:	
THIS PERSON DOES () DOES NOT () HAVE PERMISSION TO ENTER MY APARTMENT IN AN EMERGENCY.					

All adults who will occupy the apartment before the Landlord can consider it must sign this application. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. All monies deposited with this application will be held as required of applicant at the time a rental agreement is executed. If the apartment is held for an applicant for more than 24 hours, all monies deposited shall be forfeited to Landlord as liquidated damages. By signing, the applicant recognizes that an investigative report may be prepared whereby information is obtained through interview. This inquiry includes information as to your character, general reputation, credit, and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

Applicant Signature _____

Applicant's Spouse Signature _____

-Our mission is to give the best living experience possible-