



WELCOME HOME

Date: _____ Taken By: _____

APPLICANT'S NAME	SOCIAL SECURITY NO.	BIRTH DATE	STUDENT <small>(Yes or No)</small>
CO-APPLICANT'S NAME	SOCIAL SECURITY NO.	BIRTH DATE	STUDENT <small>(Yes or No)</small>

PLEASE PROVIDE THE FOLLOWING INFORMATION ON ANYONE UNDER THE AGE OF 18 WHO WILL LIVE IN THE APARTMENT

NAME	SEX	RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE	STUDENT <small>(Yes or No)</small>

WHERE YOU LIVE (Past 2 Years)

Current Full Street Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		
City:		State:	Zip:		
Home Phone Number: ()	Cell Phone Number: ()	Lease Start Date:	Lease End Date:		
Apartment / Community Name:	Landlord Name:	Property/Landlord Phone #: ()	Monthly Rent: \$		
Past Full Street Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		
City:		State:	Zip:	From:	To:
Apartment / Community Name:	Landlord Name:	Property/Landlord Phone #: ()	Monthly Rent: \$		

WHERE YOU WORK (Past 2 Years)

1. Applicant: Current Employer's Name:				Current Employer's Phone Number: ()	
Current Employer's Address:	City:	State:	Zip:	Start Date:	End Date:
Supervisor:	Phone: ()		Gross Annual Salary \$:		
2. Past Employer's Name:				Past Employer's Phone Number ()	
Past Employer's Address:	City:	State:	Zip:	Start Date:	End Date:
Supervisor:	Phone: ()		Gross Annual Salary \$:		
1. Co-Applicant: Current Employer's Name:				Current Employer's Phone Number: ()	
Employer's Address:	City:	State:	Zip:	Start Date:	End Date:
Supervisor:	Phone: ()		Gross Annual Salary \$:		
2. Past Employer's Name:				Past Employer's Phone Number: ()	
Past Employer's Address:	City:	State:	Zip:	Start Date:	End Date:
Supervisor:	Phone: ()		Gross Annual Salary \$:		

BANKING INFORMATION **NO BANK ACCOUNT(S)**
(See Asset Addendum For Account Balances)

CHECKING ACCT. NO.:	BANK:
SAVINGS ACCT. NO.:	BANK:

ALL OTHER ASSETS AND ASSET INCOME MUST BE REPORTED ON ASSET ADDENDUM

OTHER SOURCES OF INCOME **NO OTHER INCOME**

Social Security or SSI \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Alimony / Child Support / Public Assistance \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Pension / Retirement \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Other _____ \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Section 8 <input type="checkbox"/> YES <input type="checkbox"/> NO	

IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:

NAME:	ADDRESS:	City / State / Zip
RELATIONSHIP:	TELEPHONE NUMBER: ()	
NAME:	ADDRESS:	City / State / Zip
RELATIONSHIP:	TELEPHONE NUMBER: ()	

initial **VOLUNTARY** Emergency contact person: Must be over 18 and not living at the same address. If Concord Management is unable to reach you after making (2) attempts at any addresses and phone numbers you have provided to Concord Management, then you authorize Concord Management, at Concord's sole discretion, to allow the following named person(s) to enter your dwelling to remove all contents, as well as your property from your storage rooms, mail boxes and common areas.

Name(s) _____

Address(es) City _____ State _____ Zip _____

Phone Numbers(s) _____

HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT / HOME? NO YES

HAVE YOU EVER HAD AN EVICTION PROCEEDING STARTED AGAINST YOU? NO YES

HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? (A conviction will not necessarily exclude an applicant from residency.) NO YES

If you answered YES to any of the questions above, please explain: _____

APPLICANT SWEARS UNDER PENALTY OF THE LAW THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE AND AUTHORIZES THE VERIFICATION OF THE SAME THROUGH THE CREDIT BUREAU AND/OR OTHER APPROPRIATE MEANS. APPLICANT UNDERSTANDS THAT THE INFORMATION GIVEN HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION OR TERMINATION OF RESIDENCY.

THIS APPLICATION IS FOR INFORMATION ONLY AND DOES NOT OBLIGATE LANDLORD TO EXECUTE A LEASE OR DELIVER POSSESSION TO THE PROSPECTIVE RESIDENT. APPLICANT HAS PAID \$ _____ AS A NON-REFUNDABLE APPLICATION FEE AND \$ _____ AS A HOLDING FEE. ADDITIONALLY, UPON APPROVAL OF THIS APPLICATION, APPLICANT SHALL PAY AN ADDITIONAL HOLDING FEE AS AGREED TO BETWEEN THE PARTIES. ALL HOLDING FEES WILL BE APPLIED **TOWARDS APPLICANTS SECURITY DEPOSIT ONCE APPLICANT HAS EXECUTED THE LEASE AGREEMENT. IN THE EVENT APPLICANT'S APPLICATION IS DENIED ONLY THE HOLDING FEE WILL BE REFUNDED BY MAIL IN ACCORDANCE WITH THE LAW. SHOULD THIS APPLICATION BE CANCELLED BY APPLICANT ALL MONIES, INCLUDING ALL HOLDING FEES PAID WILL BE FORFEITED.**

I, THE UNDERSIGNED APPLICANT(S), HAVE READ AND AGREE TO ALL OF THE PROVISIONS OF THIS APPLICATION AND REPRESENT AND PROMISE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT IF I GIVE ANY FALSE INFORMATION MY LEASE MAY BE TERMINATED BY THE LANDLORD.

Applicant Signature: _____ Co-Applicant Signature: _____

FOR LEASING CONSULTANT ONLY:

Apartment Size:	Preferred Location:	Move-In Date Desired:
W/D <input type="checkbox"/> Cable <input type="checkbox"/> Premiums <input type="checkbox"/>		
Other:		Concession Offered:
MARKET SOURCE: <input type="checkbox"/> Locator <input type="checkbox"/> Billboard <input type="checkbox"/> Signs <input type="checkbox"/> Flyer <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Mailing <input type="checkbox"/> Apt. Guide		
<input type="checkbox"/> Internet Source _____ <input type="checkbox"/> Property Referral _____ (Community) <input type="checkbox"/> Other _____		
Resident Referral _____ (Name / Apt.#)		