



APPLICATION FOR RESIDENCY

(Each co-resident must submit separate applications)

Date: _____

-FOR OFFICE USE ONLY-	
APT. NO _____	LEASING AGENT _____
APT TYPE _____	MONTHLY RENT _____
DATE LEASED _____	APPLICATION FEE _____
MOVE-IN DATE _____	ADMIN./HOLDING _____
LEASE BEGIN/END _____	SPECIALS _____



PERSONAL DATA

APPLICANT'S NAME _____ SS# _____ DATE OF BIRTH _____
 First Middle Last

DRIVER'S LICENSE _____ STATE _____

SPOUSE'S NAME _____ SS# _____ DATE OF BIRTH _____
 First Middle Last

OTHER OCCUPANTS:

NAME _____ SS# _____ DATE OF BIRTH _____

NAME _____ SS# _____ DATE OF BIRTH _____

NAME _____ SS# _____ DATE OF BIRTH _____

NAME _____ SS# _____ DATE OF BIRTH _____

RENTAL DATA

PRESENT ADDRESS _____
 STREET APT# CITY STATE ZIP

DATES: FROM-TO _____

PRESENT LANDLORD/RESIDENT MGR. _____ APT./IF HOME, MORTGAGE CO & LOAN# _____ PHONE _____

MONTHLY PAYMENT _____ REASON FOR MOVING _____ Home# _____

PREVIOUS ADDRESS _____
 STREET APT# CITY STATE ZIP

PHONE _____ HOW LONG? _____ MONTHLY PAYMENT _____

REASON FOR MOVING? _____ HAVE YOU EVER BEEN EVICTED? _____

INCOME

TOTAL ANTICIPATED INCOME FROM DATE OF MOVE-IN THROUGH THE NEXT 12 MONTHS

ANNUAL SALARY (Including Fees, Tips, Commission and Bonus) + _____

ANNUAL SALARY (Spouse) _____

**ADDITIONAL ANNUAL INCOME (Alimony, Child Support, Dividends, Interest, Military Housing Allowance, Retirement Income, etc.) + _____

SOURCE _____

TOTAL INCOME FROM ASSETS + _____

TOTAL ANTICIPATED INCOME

*If self-employed, we must be furnished with the most current annual tax return.
 **You must furnish us with notarized documentation of this income.

EMPLOYMENT

PRESENT EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____
 STREET CITY STATE ZIP

SUPERVISOR _____ EMPLOYED SINCE _____
 PHONE

PREVIOUS EMPLOYER _____ EMPLOYED SINCE _____
 PHONE

BUSINESS ADDRESS _____ BUSINESS PHONE _____
 STREET CITY STATE ZIP

SUPERVISOR _____ EMPLOYED SINCE _____

SPOUSE'S EMPLOYER _____ POSITION _____
 PHONE

BUSINESS ADDRESS _____ BUSINESS PHONE _____
 STREET CITY STATE ZIP

SUPERVISOR _____ EMPLOYED SINCE _____
 PHONE

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____

APPLICATION FEE

The truth of the information contained herein is essential and if the property manager deems any answer or statement herein to be false, or misleading, it shall be considered that any lease granted by virtue of this application may be canceled at their option. THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL APPLICATION IS APPROVED BY MANAGEMENT.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

