

**LEGACY PARTNERS APPLICATION FOR RESIDENCY**

Each co-resident must submit separate application

Date \_\_\_\_\_ Community: \_\_\_\_\_ Rental Amount \_\_\_\_\_

Leasing Consultant \_\_\_\_\_ Move-In Date \_\_\_\_\_ Apt. No. \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Maiden Last

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
First Middle Maiden Last

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Other Occupants:

_____	_____	_____	_____	_____	_____	_____
Name	Date of Birth	SS#	Name	Date of Birth	SS#	
_____	_____	_____	_____	_____	_____	_____
Name	Date of Birth	SS#	Name	Date of Birth	SS#	

**RESIDENT HISTORY**

Present Address \_\_\_\_\_  
Street Apt. # City State Zip Phone

To/From \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street Apt. # City State Zip

Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Have you or spouse ever been: Evicted from any leased premises? \_\_\_\_\_ Broken a rental agreement or lease contract? \_\_\_\_\_

Proof of Income Required—paycheck stub, offer letter, tax return

**EMPLOYMENT**

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed Since \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_

Additional Monthly Income (If Any) \_\_\_\_\_ Source \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed Since \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_

Additional Monthly Income (If Any) \$ \_\_\_\_\_ Source \_\_\_\_\_

**VEHICLE**

Year and Make \_\_\_\_\_ Color \_\_\_\_\_ License # & State \_\_\_\_\_ Registered To \_\_\_\_\_

Year and Make \_\_\_\_\_ Color \_\_\_\_\_ License # & State \_\_\_\_\_ Registered To \_\_\_\_\_

Description and License # of any Boat, Motorcycle, Camper, Van, etc. , you may own: \_\_\_\_\_

**PETS:**

Do you own any pets? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip