



APPLICATION FOR RESIDENCY

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME PHONE NUMBER	
E-MAIL ADDRESS					
PLEASE LIST ALL OTHERS WHO WILL BE LIVING WITH YOU					
FULL NAME		AGE	FULL NAME		AGE
FULL NAME		AGE	FULL NAME		AGE
PRESENT ADDRESS					
CITY			STATE		ZIP
HOW LONG? Yrs. Mos.		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	MONTHLY PAYMENT \$	
LANDLORD				LANDLORD'S PHONE NUMBER	
PREVIOUS ADDRESS					
CITY			STATE		ZIP
HOW LONG? Yrs. Mos.		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	MONTHLY PAYMENT \$	
LANDLORD				LANDLORD'S PHONE NUMBER	
VEHICLE DESCRIPTION				YEAR	
DRIVER'S LICENSE NUMBER				PLATE NUMBER	
SECOND VEHICLE DESCRIPTION				YEAR	
DRIVER'S LICENSE NUMBER				PLATE NUMBER	

CREDIT INFORMATION

NAME OF BANK					
CHECKING ACCOUNT NUMBER			SAVINGS ACCOUNT NUMBER		
PRESENT SOURCE OF INCOME			EMPLOYER'S ADDRESS		
POSITION		START DATE / /		INCOME \$ Per	
SUPERVISOR				EMPLOYER'S PHONE NUMBER	
PREVIOUS SOURCE OF INCOME			EMPLOYER'S ADDRESS		
POSITION		HOW LONG? Yrs. Mos.		INCOME \$ Per	
SUPERVISOR				EMPLOYER'S PHONE NUMBER	

Applicant acknowledges that the above information is correct and is aware that a credit check will be run on all applicants for qualifying purposes, as well as collection purposes after move out. By signing below, applicant also authorizes any employer or landlord to release information to this apartment community.

X _____ **X** _____
 Applicant's Signature Date Agent's Signature Date



APPLICATION FOR RESIDENCY, Cont.

CRIMINAL HISTORY INFORMATION

Any unanswered "yes" or "no" question shall result in the denial of your application.

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense?

Yes No

Have you or any member of your household ever been listed on a registry of sexual offenders?

Yes No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related felony criminal offense?

Yes No

I have read the fore going, certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of obtaining approval of this application on my behalf.

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. **Any "yes" response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment home), I understand that Landlord may terminate the Lease.**

I, _____, the undersigned applicant authorize Cambridge Partners, Inc. or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history including with other properties owned by property owners affiliated with Landlord, and criminal history). I further authorize Cambridge Partners, Inc. its agent attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize Cambridge Partners Inc., its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to Cambridge Partners, Inc. or its agent, attorney or assign.

Print Name

X

Applicant's Signature

Date

X

Management Representative Signature

Date